



Affiliated Association Membership Application

✓ Yes, we are interested in becoming an Affiliated Association member of the IFDH.

Contact Information	
Please print in English	
Organization _____	
Address _____	
City _____	State _____ Zip/Postal _____
Country _____	
Phone _____	Fax _____
Contact: First Name _____	Last Name _____
Title _____	Email _____
# of Hygienists in: Country _____	Organization _____
Delegates to IFDH to be:	
- First Name _____	Last Name _____ Email _____
- First Name _____	Last Name _____ Email _____
<i>Please notify us if either of the two representatives above change.</i>	

See pages 2 and 3 for Required Attachments and Payment Options →→

Upon approval of your application, an annual membership invoice for \$500 will be sent to you via email.

For More Information, Contact:

- Peter Anas, Executive Director director@IFDH.org or Phone: 240-778-6790

Send Completed Forms to:

The International Federation of Dental Hygienists
100 South Washington Street, Rockville MD 20850, USA

OR Email to: membership@IFDH.org

OR Fax to: 240-778-6112

Required Attachments

Please include with your application ALL of the following information in English:

- Copy of the Statutes, Constitution and By-Laws of the national dental hygienists association.
- Declaration that the applicant organization officially supports the Human Rights Statement of the International Federation of Dental Hygienists on your official letterhead signed by the President.
- List of legislated professional duties provided for patient care (please attach separate sheet)
- Documentation that the applicant organization is a national association which represents the registered/licensed dental hygienists in that country e.g. registering authority, Labour Department or other Government Agency.
- One-time \$125 (US) application fee.

Payment Details (please check one):

- Bank Cashier's Check or Money Order in \$US (**Make payable to IFDH**)
Mail to our address on page 1
- Transfer from your bank to: PNC Bank, 369 Hungerford Drive, Rockville MD 20850, USA
Via:
Wire Transfer to: Routing # 031 000 053; Swift Code: PNCCUS33; Account #534-324-0017

Name of your bank: _____

Branch: _____

Address: _____

Account: _____ Sort Code: _____

Transfer date/reference: _____

- Credit Card (Fax to +1.240.778.6112 or Enter information below, scan and email to membership@ifdh.org)
— MasterCard — Visa — American Express

Cardholder's Name (print as it appears on card): _____

Credit Card #: _____ Expiration Date: _____

Cardholder's Signature: _____

Education: You may attach a separate sheet answering these questions:

- How many education programs for dental hygienists are there in your country?
- Which level of educational institution? e.g. (University, Community College, Training School, Hospital). Please specify number and type.
- Qualifications attained e.g. Diploma, Certificate, Degree etc
- Details of curriculum to include course content (subjects, hours) and length of course.
- What are the pre-requisites for dental hygiene education?
e.g. secondary school, dental assisting.



For IFDH Use Only: Approval by Membership Committee Date _____