Allied Association Membership Application

✓ **Yes, we are interested in becoming an Allied 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 ________________

Please notify us if either of the two representatives above change.

See page 2 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, Managing 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 above

☐ Transfer from your bank to: PNC Bank, 369 Hungerford Drive, Rockville MD 20850, USA
Via one of the following:
ACH Transfer (preferred): Routing #021 052 053; Account #260-39-376 **Or**
Wire Transfer: 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.