INTERNATIONAL FEDERATION OF DENTAL HYGIENISTS

IFDH Allied Supporter Membership Application

Applicants for the membership status of Allied Supporters shall be institutions, federations, organizations or groups who are allied health care givers and who demonstrate support for the policies of the IFDH. Allied Supporters do not exercise the right to vote nor do they have the right to representation.

Application for Allied Supporters Membership:
Complete this form and send it to the address below. Documents required: A copy of the applicant's Constitution and Bylaws, Statutes, or Articles of Incorporation that define its objectives and composition.

Personal Information

First Name:_____ Last Name:_____

Title:_____ Birth Month___ Day___ Year_____

Address:_____

City:_____ State:_____ Zip/Postal Code:_____

Country:_____

Phone:_____ Fax:_____ Mobile:_____

Email:_____

Payment ($250 USD)

☐ Bank Cashier's Check or Money Order in $US **(Make payable to IFDH)**
Mail to the address at the bottom of this page

☐ Wire Transfer: Contact the IFDH Executive Office for information, membership@ifdh.org

☐ 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: _____ Security Code: _____

Cardholder's Signature: _____

Declaration

I certify that the information provided is correct and that I support the policies of the IFDH. Proof of my national association membership or education is enclosed.

Signature _____ Date: _____

The International Federation of Dental Hygienists
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