



IFDH Individual Membership Application

To apply for Individual Membership, Dental Hygienists must provide written proof of either:

- Graduating from an accredited minimum two-year dental hygiene program or
- Membership (in good standing) in an association that is an IFDH member

Complete this form with payment and forward to the address below with a photocopy of your national association identification card, your official transcript or other proof of membership/education as stated above.

Personal Information

First Name: _____ Last Name: _____
Title: _____ Birth Month _____ Day _____ Year _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ Fax: _____ Mobile: _____
Email: _____

Payment (\$125 USD)

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

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: _____