



IFDH Student Membership Application

Students from an accredited Dental Hygiene undergraduate program are able to participate as an IFDH student member that is renewed annually.

Applicants must:

- Provide proof of participation in an accredited Dental Hygiene undergraduate program
- Demonstrate support of the policies of IFDH

To apply for IFDH Student Membership, complete this form with payment and forward to the address below with a proof of student status 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: _____