



INTERNATIONAL FEDERATION OF DENTAL HYGIENISTS

PO Box 957 · Merlynston

Victoria · Australia 3058

www.ifdh.org

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Individual membership category:

Individual dental hygienists are now able to participate in the International Federation of Dental Hygienists through the individual membership category. Any dental hygienist who has written proof of the applicant graduating from an accredited minimum two year dental hygiene program or written proof of membership (in good standing) in an Association that is an IFDH member may apply. One and three-year memberships are available.

Individual member benefits:

- Annual subscription to the International Journal of Dental Hygiene
- Personal list of Officers and Delegates to the Federation
- List of individual members which promotes communication among hygienists worldwide
- Information on working in other countries
- A certificate confirming your individual membership of IFDH
- Advice on international issues concerning oral health & dental hygienists
- IFDH pin

Application for individual membership:

To apply for membership, complete this form with payment details and send it to the above address with a photocopy of your national association identification card or other proof of membership. **Payment MUST be made in US Dollars (USD)**. Please use UPPER CASE letters or type.

Name: _____

Full address: _____

Telephone/Fax: _____
Home Office Fax

E-mail address: _____ National association: _____

Membership: One-year membership (USD100) Three-year membership (USD275)

Payment method & details:

Wire Transfer Amount: USD _____

Transfer to our bank: ANZ Bank 348 Keilor Road, Niddrie. 3041 Victoria Australia

Account: 3511 87313

Sort code / BSB: 013 373

Swift Code: ANZBAU3M

Please provide the following details:

Name of your bank: _____ Branch: _____

Address: _____

Account: _____ Sort code: _____

Transfer date / reference: _____

Visa MasterCard BankCard Amount: USD _____

Card no: _____ Expiry date: _____

Cardholder name: _____ Signature: _____

Declaration:

I hereby certify that the information provided above is correct. Proof of national association membership is enclosed.

Signature: _____ Date: _____

Please note: A copy of the Constitution and Bylaws of IFDH is available on request.