



# FULL ASSOCIATION MEMBERSHIP APPLICATION

✓ Yes, we are interested in becoming a 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 pages 2-3 for Required Attachments and Payment Options →→**

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**For More Information, Contact:**

- Peter Anas, Executive Director [director@IFDH.org](mailto: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 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 will adhere to the International Federation of Dental Hygienists Code of Ethics, 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 the official 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 (see page 3 for payment options).

**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.



**For IFDH Use Only:** Approval by Membership Committee Date \_\_\_\_\_

**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
- Wire Transfer: Contact the IFDH Executive Office for information, [membership@ifdh.org](mailto:membership@ifdh.org)
- Credit Card (Fax to +1.240.778.6112 or Enter information below, scan and email to [membership@ifdh.org](mailto:membership@ifdh.org))  
\_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express

Cardholder's Name (print as it appears on card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_