



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
- 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: _____