

CDHA/GoodLife Corporate Membership 2013-2014

_____ 15, 2014 through to November 14, 2014

Name: _____ CDHA Member Number: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Email: _____

Phone (Home): _____ (Work): _____

	Start Date	Cost	Amount Paid
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CDHA Member

2013-2014 CDHA/GoodLife Membership	_____ 15/2014		
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- New
 Renew
 Transfer (pls. fax the PAP Cancellation Form available on CDHA website to 613-224-7283)

CDHA Member Spouse/Family member *

2013-2014 CDHA/GoodLife Membership	_____ 15/2014		
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Spouse/Significant Other's Name: _____

- New
 Renew
 Transfer (same as above)

Family member's Name: _____

- New
 Renew
 Transfer (same as above)

*** CDHA members must be a member of the CDHA/GoodLife program before their spouse/family members may join. Spouse or family members must be living together with the CDHA member under the same roof.**

Payment Information

- Cheque Enclosed payable to CDHA Money Order
 MasterCard VISA

Credit Card Number: _____

Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Applications received at CDHA after the deadline will be considered for the next available start date.



96 CENTREPOINTE DRIVE, OTTAWA, ON K2G 6B1
Telephone: 613-224-5515 | Toll-free: 1-800-267-5235
Fax: 613-224-7283 | info@cdha.ca | www.cdha.ca



THE CANADIAN DENTAL
HYGIENISTS ASSOCIATION
L'ASSOCIATION CANADIENNE
DES HYGIÉNISTES DENTAIRES