

Discover Your Community

"I am very passionate about dental hygiene and I love the articles posted on Twitter and Facebook; they are both interesting and informative. Looking forward to a lifetime of learning with the CDHA!"

-Sabrina Dent, Fanshawe College

Get active on CDHA's online communities

Join us on Facebook, Twitter and www.cdha.ca/community



Join the student Facebook Group!



More than 3,700 Twitter followers twitter.com/theCDHA



RE | DISCOVER WHAT CDHA HAS TO OFFER JOIN OR RENEW NOW!

For more information about the benefits of CDHA membership, please visit us online or contact us at:

1122 Wellington St W Ottawa, ON K1Y 2Y7

www.cdha.ca membership@cdha.ca

Tel: 1-800-267-5235 | Fax: 613-224-7283

The Canadian Dental Hygienists Association (CDHA) is the collective voice of dental hygienists in Canada. CDHA is committed to supporting you on your career path. By becoming a student member you'll enjoy networking opportunities, online resources, discounts and so much more!



YOUR CAREER, YOUR MEMBERSHIP

Sign up for your FREE student membership today!

The relationships you build today can change the rest of your life. So why wait until graduation to connect with the very best people, information and resources? The Canadian Dental Hygienists Association (CDHA) is here to help you get ahead of the pack, arming you with the support, knowledge, and financial breaks you need to jump-start your career.

As a CDHA student member, you gain skills and practical experience outside the classroom. Connect with dental hygiene professionals and get access to key resources that will open doors when you start your professional career. Most member benefits and resources are available online, so you can access information when you need it, anytime, anywhere. Here are just some of the benefits you'll receive:

- Free online resources on our members-only website include the *Canadian Journal of Dental Hygiene* and our professional magazine *Oh Canada!*
- Online communities: connect with dental hygienists nationwide through Facebook, Twitter, and CDHA online communities to develop professional contacts and gain valuable career advice.
- Access the CDHA members-only career section for employment opportunities.
- Check out CDHA Perks, our exciting new program giving you access to more than 365,000 shopping, dining, travel, and entertainment discounts across North America!

After you graduate, you can look forward to additional member benefits. Once we receive the list of successful NDHCB exam candidates, your membership profile will automatically switch from Student to Graduated Student.

The FREE Graduated Student membership includes professional liability insurance coverage of up to \$3 million aggregate until December 31st of the calendar year in which you pass your exam.

STUDENT MEMBERSHIP APPLICATION

Student membership is open to all students enrolled in an entry-level dental hygiene program in Canada.

NOTE: For faster processing and instant access to your benefits, please join online at www.cdha.ca/join.

What would you like to do?

□ Renew my membership

Membership number: ____

Apply for membership

First name:

Middle name:

Last name:

Last name:

Email address:

Home address:

Home address:

Province:

Province:

Postal code:

Country:

Home telephone:

Cell phone:

Preferred number:

Home Phone

Cell Phone

Birth date (mm/dd/yyyy): _____

Gender: 🗆 Female 🗆 Male

Dental hygiene school you are attending:

Graduation date (mm/yyyy): _____

Current year enrolled: \Box 1st \Box 2nd \Box 3rd \Box 4th

PREFERENCES

Email communications

Your email communication preferences can be adjusted at any time. Through your online profile you have the option of selecting specific types of CDHA email you wish to receive.

Do you wish to receive email communication from CDHA?

🗆 Yes 🛛	No*
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*Note: you may not opt out of receiving transactional emails such as invoices, receipts, registration confirmations, etc.

Third party mailing consent

□ I CONSENT for CDHA to release my mailing address to third party partners who meet the requirements of third party list rental.

Membership directory listing

□ I CONSENT for my name to appear in the listing.

I certify that the information I have provided and the statements I have made in this application are true.

Signature: _____

Date (mm/dd/yyyy): _____

