

# RETIRED MEMBERSHIP

(November 1, 2016 - October 31, 2017)

STRENGTH IN MEMBERS  
THE CANADIAN DENTAL HYGIENISTS ASSOCIATION

## What would you like to do?

- Renew my membership

Membership number: \_\_\_\_\_

- Apply for membership

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Home telephone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_

Preferred number:  Home phone  Cell phone

## Retired member declaration

- I certify that I have permanently resigned my licence to practise dental hygiene and that I have been an Active CDHA member in the past.

Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

## 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 to receive.

### Do you wish to receive email communication from CDHA?

- Yes  No\*

\*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.

### Publications

Would you prefer to receive electronic versions only of the following publications?

Canadian Journal of Dental Hygiene  Yes  No

Oh Canada!  Yes  No

Note: All issues of the journal and magazine are always available online at [www.cdha.ca](http://www.cdha.ca) for reading and printing.

## FEE TABLE

### Retired Membership

	Provincial Fee	CDHA Fee	Total
<input type="checkbox"/> CDHA/BCDHA	\$22	\$50	\$72
<input type="checkbox"/> CDHA/MDHA	\$33.25	\$50	\$83.25
<input type="checkbox"/> All others	n/a	\$50	\$50

## PAYMENT

Subtotal (from fee table): \_\_\_\_\_

- Add \$50 to join the Educators' Community (access to our online community, free webinars, and discounts to workshops)

Total Fee Enclosed: \_\_\_\_\_

- Cheque or money order in Canadian funds  
(Please make payable to CDHA. A \$25 fee will be charged for payments returned from the bank.)

### Card type

- Visa  MasterCard

Card number: \_\_\_\_\_

Expiry date (mm/yyyy): \_\_\_\_\_

Name on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Membership fees are non-refundable, non-transferable and are not prorated.

Your receipt and membership card will be emailed within three business days of processing your application and payment. Hard copies will only be mailed on request.

For more information or faster processing, please call 1-800-267-5235.

1122 Wellington St W  
Ottawa, ON K1Y 2Y7  
Tel: 1-800-267-5235 | Fax: 613-224-7283

[www.cdha.ca/renew](http://www.cdha.ca/renew)  
[membership@cdha.ca](mailto:membership@cdha.ca)



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