California Dental Hygienists' Association
The Voice of Dental Hygiene

MEMBERSHIP APPLICATION

Name (Last, First, Middle Initial) _____

Please circle your credential:
RDH RDHEF RDHAP Other: _____

Maiden Name (if applicable) _____

Email address _____

Street Address _____

Daytime Phone (include area code) _____

City/State/Zip Code _____

Evening Phone (include area code) _____

Dental Hygiene School Attended _____ State _____

Year of Graduation _____

To qualify for Active membership, you must have been granted a license to practice dental hygiene in California.

License Number _____

Please circle the highest educational level attained:
Certificate Associate Baccalaureate Master's Doctorate

CDHA Annual Dues (circle one)
Professionals: $210.00 Retired/Disabled $105.00 New Professionals: $105.00
Membership is based on your date of application and expires one year later. Renewal dues must be paid before the anniversary date of your membership.

Please circle your Component Number and add the Component Dues to your membership fee total:

CODE	COMPONENT	CODE	COMPONENT
CA01	Central Coast: $25	CA13	San Diego County: $25
CA02	East Bay: $20	CA14	San Fernando: $25
CA03	Kern County: $20	CA15	San Francisco: $25
CA04	Long Beach: $20	CA16	San Gabriel Valley: $25
CA05	Los Angeles: $20	CA17	San Joaquin Valley: $20
CA06	Monterey Bay: $25	CA18	Santa Barbara: $20
CA07	Mt. Diablo: $20	CA19	Santa Clara Valley: $20
CA08	Napa-Solano: $20	CA20	Six Rivers: $20
CA09	Orange County: $30	CA21	South Bay: $25
CA10	Peninsula: $20	CA22	Tri-County: $22
CA11	Redwood $20	CA23	Valley Oaks: $20
CA12	Sacramento Valley: $20	CA24	Ventura County: $25
		CA25	Shasta: $20

Membership Dues Totals and Method of Payment

☐ Enclosed is my payment of $_____ by check made payable to CDHA for the amount of my annual dues. Check # _____

☐ Please charge my annual dues to my credit card listed below (CDHA accepts VISA, MasterCard and American Express cards). My signature is authorization to charge the $_____ annual CDHA membership dues to the card number provided.

Card Number _____

Billing address (if different from address above) _____

Expiration Date _____/_____ CVV Code

City, State, Zip _____

Signature _____

Dues are not deductible as a charitable contribution for federal income tax purposes. They may be deducted as a business expense. The portion of your dues that is allocable to lobbying for 2016 is 16%. That portion of your dues is not tax deductible.

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