




**WOLVERINE DENTAL HYGIENISTS' SOCIETY**  
**P O BOX 32286**  
**DETROIT, MI 48232**

Affiliated with the National Dental Hygienists' Association  NDHAonline.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Birthday Month/Day: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Michigan Dental Hygiene License # \_\_\_\_\_

Please include my contact information in the WDHS membership email list (my email will **not** be shared with non-members). Yes \_\_\_ No \_\_\_

Attached annual membership dues for fiscal year January 1 – December 31

RDH: \$30.00 \_\_\_\_\_ Dental Hygiene Student: \$5.00 \_\_\_\_\_

**Membership dues received after January 15 of the current fiscal year  
Please include \$5.00 late fee.**

Make check payable to WDHS  
mail it along with the completed membership application to:  
Wolverine Dental Hygienists' Society  
P O Box 32286  
Detroit, MI 48232

**Or**

**Pay online using Chase Quick Pay**

By submitting my dues, I acknowledge and agree to the requirements for WDHS membership as outlined in the WDHS standing rules, By-laws and Constitution

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