



Wolverine Dental Hygienists' Society
P O Box 32286 Detroit, MI 48232

Affiliated with the National Dental Hygienists' Association @ NDHAonline.org

Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Birth Month/Day: _____

Home: (____) _____ Cell: (____) _____

Active Michigan Dental Hygiene License # _____

Current License Expiration Date: _____

Please include my contact information in the WDHS membership email listing (my email will not be shared with non-members). Yes _____ No _____

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 must include a \$5.00 late fee. Late fee does not apply to students.

Make check or money order payable to **Wolverine Dental Hygienists' Society** and mail it with the completed membership application to:

Wolverine Dental Hygienists' Society
Attn: Membership Committee
P O Box 32286
Detroit, MI 48232

By submitting my dues, I acknowledge and agree to the requirements for WDHS membership as outlined in the WDHS By-Laws and Constitution, and supporting Standing Rules

Signature: _____ Date: _____