



California Dental Hygienists' Association
The Voice of Dental Hygiene

MEMBERSHIP APPLICATION – Renew Online at www.cdha.org!

Name (Last, First, Middle Initial) _____

Maiden Name (if applicable) _____

Street Address _____

City/State/Zip Code _____

Dental Hygiene School Attended _____

Please check your credential:
 RDH RDHEF RDHAP Other: _____

Email address _____

Daytime Phone (include area code) _____

Evening Phone (include area code) _____

State _____ Year of Graduation _____

License Number _____

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

CDHA Annual Dues (check one)
 Professionals: \$210.00 **Senior:** \$105 **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 select your Component Number and add the Component Dues to your membership fee total:

CODE	COMPONENT	CODE	COMPONENT
<input type="checkbox"/>	CA00 Out-of-State:\$0	<input type="checkbox"/>	CA13 San Diego County:.....\$25
<input type="checkbox"/>	CA01 Central Coast:\$25	<input type="checkbox"/>	CA14 San Fernando:\$25
<input type="checkbox"/>	CA02 East Bay:\$20	<input type="checkbox"/>	CA15 San Francisco:.....\$25
<input type="checkbox"/>	CA03 Kern County:\$20	<input type="checkbox"/>	CA16 San Gabriel Valley:.....\$25
<input type="checkbox"/>	CA04 Long Beach:\$20	<input type="checkbox"/>	CA17 San Joaquin Valley:.....\$20
<input type="checkbox"/>	CA05 Los Angeles:\$20	<input type="checkbox"/>	CA18 Santa Barbara:.....\$20
<input type="checkbox"/>	CA06 Monterey Bay:\$25	<input type="checkbox"/>	CA19 Santa Clara Valley:.....\$20
<input type="checkbox"/>	CA07 Mt. Diablo:\$20	<input type="checkbox"/>	CA20 Six Rivers:\$20
<input type="checkbox"/>	CA08 Napa-Solano:\$20	<input type="checkbox"/>	CA21 South Bay:\$25
<input type="checkbox"/>	CA09 Orange County:\$30	<input type="checkbox"/>	CA22 Tri-County:\$22
<input type="checkbox"/>	CA10 Peninsula:\$20	<input type="checkbox"/>	CA23 Valley Oaks:\$20
<input type="checkbox"/>	CA11 Redwood\$20	<input type="checkbox"/>	CA24 Ventura County:\$25
<input type="checkbox"/>	CA12 Sacramento Valley:..\$20	<input type="checkbox"/>	CA25 Shasta:.....\$20

**New Professional Members (must meet all three criteria):*

- 1) Any individual initially granted dental hygiene licensure in California.
- 2) Any individual who joins CDHA within six (6) months from initial licensure date.
- 3) Any individual who earned a certificate or degree from an accredited dental hygiene program within the past twelve (12) months.

Membership Dues Totals and Method of Payment
**By selecting the payment method, you agree to the payment terms & conditions on the CDHA eStore*

*Enclosed is my check payment 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 AMEX). My signature is authorization to charge the \$_____ annual CDHA membership dues to the card number provided.

*Quarterly payment plan (Professional Only). Please split my annual dues payment into quarterly payments. Each quarterly payment is \$65 that includes CDHA, component and processing fees. (CDHA accepts VISA, MC and AMEX). My signature is authorization to charge the \$65 each quarter.

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 2017 is 4%. That portion of your dues is not tax deductible.