

EUROPEAN ASSOCIATION OF REGISTERED DENTAL HYGIENISTS, e.V.

MEMBERSHIP REGISTRATION FORM for the year 2024

NAME: _____

LOCAL ADDRESS (NOT APO): _____

HOME TELEPHONE: _____ MOBILE PHONE: _____

EMAIL: _____

Dues for EARDH 2024 Membership are 50€ if made before **January 31, 2024**. After that date, dues are 60€. Payment must be made in Euros and by bank draft. Please complete this form and mail or scan it with a copy of your bank draft to the EARDH Treasurer.

Check one: Before January 31, 2024: 50€ _____ After January 31, 2024: 60€ _____

Personal Checks CANNOT be accepted!

Membership Fee is NON-REFUNDABLE!

Sparkasse Mainfranken Würzburg

EARDH

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EARDH

„furthering the Dental Hygiene profession“