

EUROPEAN ASSOCIATION OF REGISTERED DENTAL HYGIENISTS, e.V.

MEMBERSHIP REGISTRATION FORM for the year 2018

NAME: _____

LOCAL GERMAN/SWISS/etc. ADDRESS:

HOME TELEPHONE: _____ EMAIL: _____

Dues for EARDH 2018 Membership are 50€ if made before **December 31, 2017**. 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 December 31, 2017: 50€ _____ After January 1, 2018: 60€ _____

Personal Checks CANNOT be accepted!

Membership Fee is NON-REFUNDABLE!

Sparkasse Mainfranken Würzburg

EARDH

IBAN#: DE31 7905 0000 0046 0179 35

BIC: BYLADEM1SWU

Mail to: Cindy Felter, Chemin des Novalles 5, 1020 Renens, Switzerland OR Scan as PDF to: cfelter@sunrise.ch

EARDH

„furthering the Dental Hygiene profession“