

# Membership Form



Texas Dental Hygiene Educators' Association

## Information Needed

Last Name:		<b>Employment Information</b>			
First Name:		Institutional Affiliation: _____			
<b>Preferred Mailing Address</b>		Department: _____			
Street		<b>Check all that apply</b>			
City, State, Zip		<input type="checkbox"/> Faculty <input type="checkbox"/> Clinic Coord. <input type="checkbox"/> Director <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
<b>Contact Information</b>		<b>Educational Background (Check highest degree):</b>			
Home Phone:		<input type="checkbox"/> Associate <input type="checkbox"/> Masters <input type="checkbox"/> DDS <input type="checkbox"/> Bachelors <input type="checkbox"/> Doctorate <input type="checkbox"/> RDH			
Work Phone:					
E-mail:					
Fax:					
<b>Membership Dues</b> January 1 - December 31, 2011 No portion of the membership dues is used to support lobbying efforts.		<b>METHOD OF PAYMENT</b>			
<input type="checkbox"/> New Faculty Membership <b>No Charge</b>					
<input type="checkbox"/> Membership Renewal (Personal) <b>\$25.00</b>		<input type="checkbox"/> Check <b>Amount Remitted</b>			
<input type="checkbox"/> Membership Renewal (Lifetime) <b>\$250.00</b>		Check # _____			
		<b>Credit Card Payment</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Total Amount Due</b></td> <td style="width: 70%;"></td> </tr> </table>		<b>Total Amount Due</b>		<input type="checkbox"/> Master Card <b>Amount Remitted</b>	
		<b>Total Amount Due</b>			
Card # _____					
		Expiration Date _____			
		<input type="checkbox"/> Visa <b>Amount Remitted</b>			
		Card # _____			
		Expiration Date _____			
		Signature _____			
		Date _____			

Make checks payable to TDHEA.

Mail membership form with remittance to:

Kimberly McDougall

3109 Grimes Ranch Road Austin, TX 78732

email: Kimberlymcdougall@yahoo.com

phone: 512.775.7051