



Washington

Dental Hygienists' Association

2018 FACULTY MEMBERSHIP AWARD APPLICATION

WDHA may annually recognize accredited Washington State dental hygiene programs that have 100% membership in ADHA/WDHA by dental hygienist faculty. Recognition will be made by presentation of an engraved perpetual plaque (or credential for the current year for schools having already received their plaque) at House of Delegates and the school will be listed in state and national dental hygiene publications.

Date Submitted: _____

Submitted By: _____

Address: _____

Cell #: _____

Email: _____

ADHA/WDHA Membership Number: _____ Member since: _____

WA License Number: _____ How long have you practiced dental hygiene: _____

Dental Hygiene School: _____

Title/Position at Dental Hygiene School: _____

Signature: _____ Date: _____

Return applications to:

Washington Dental Hygienists' Association

P. O. Box 389, Lynnwood, WA 98046

or E-mail to: wsdha@comcast.net

For WDHA use only

Date Received: _____	Verification of completed application: _____
Membership Chair review/signature: _____	
Date Reviewed: _____	Notes: _____