



## **Wolverine Dental Hygienists' Society**

**P O Box 32286 Detroit, MI 48232**

*Affiliated with the National Dental Hygienists' Association @ NDHAonline.org*

### **2026 Membership Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Month/Day: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Active Michigan Dental Hygiene License # \_\_\_\_\_

Current License Expiration Date: \_\_\_\_\_

Please include my contact information in the WDHS membership email listing (my email will not be shared with non-members). Yes \_\_\_\_\_ No \_\_\_\_\_

Annual membership dues for fiscal year January 1 – December 31

**RDH: \$50.00 \_\_\_\_\_ Dental Hygiene Student: \$5.00 \_\_\_\_\_**

**Membership dues received after January 15 of the current fiscal year must include a \$5.00 late fee. Late fee does not apply to students.**

Dues can be paid directly from your bank account via Zelle® using our email address: [wdhs@wdhsonline.org](mailto:wdhs@wdhsonline.org).

Check or money order are made payable to **Wolverine Dental Hygienists' Society** and mailed along with the completed membership application to:

**Wolverine Dental Hygienists' Society**  
**Attn: Membership Committee**  
**P O Box 32286**  
**Detroit, MI 48232**

*By submitting my dues and signed membership application, I acknowledge and agree to the requirements for Wolverine Dental Hygienists' Society membership as outlined in the **WDHS By-Laws and Constitution** and supporting **WDHS Standing Rules**.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_