



Bay of Quinte Dental Hygienists Society

Membership Application/Renewal

2009-2010

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Number: _____ Work Number: _____

Email Address: _____

Membership Fees:

- Full Membership \$55.00
- Student Membership \$20.00 (Christmas Gala is not included)

Please Note: Membership is due by August 15, 2009 or a late charge of \$10.00 will apply

Please print out and mail this form, along with a cheque made out to:

"Bay of Quinte Dental Hygienists' Society"
c/o Cathy Philbin
339 Montrose Rd
Belleville, ON K8R 1A8
(613) 967-8278

Or drop off at Dr. McMahon and Dr. Tuckers (262 Dundas Street East, Belleville, ON)