



Dental Hygiene Practitioners of Ontario Membership Application

Instructions:

To become a member of DHPO, please do the following:

- 1.) Complete and sign this form
- 2.) Along with a cheque for \$199 made out to DHPO, enclose this form, a proof of self-initiation, and a copy of your business licence mail to:

Deborah Steacy RDH
President DHPO
656 Progress Ave.
Kingston, ON K7M 4W9

First Name: _____ Birth Date (yyyy/mm/dd): _____
 Middle Name: _____ Female: _____ Male: _____
 Last Name: _____
 Dental Hygiene Institution Attended: _____
 Year of Dental Hygiene Graduation (yyyy): _____ CDHO#: _____

Home Information

Address _____
 City: _____ Prov.: _____ Postal Code: _____
 Phone #: _____ Country: _____

Business Information

Business Name: _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____
 Phone #: _____ Country: _____
 Fax #: _____ Email: _____ Website: _____

Skills and Practice Registry

Administration Provincial / Federal govt Home care
 Community health care Marketing/promotion/sales Mobile practice
 Dental hygiene office Healthcare facility Public health department
 Education Armed Forces Other: _____
 Multi-disciplinary healthcare Dental office (please specify) _____

Client Groups

All ages Seniors Adults Physically challenged Pre-School (0-5 yrs.)
 School aged (6 – 12 yrs) Adolescent (13 – 18 yrs)

Applicant signature

Date