



Idaho Oral Health Alliance Membership Application

NAME:

TITLE:

ORGANIZATION/BUSINESS:

MAILING ADDRESS: personal business

CITY, STATE, ZIP:

PHONE:

EMAIL:*

LICENSE NUMBER if applicable

* Our primary method of contact and information dissemination is by email. Your contact information is solely used by IOHA for internal purposes. When business meetings/conferences are held, all members will be notified via email regarding date and time. Your support, ideas and participation are welcome!

\$40 Individual annual membership

\$200 Business or Organization annual membership

Mission Statement:

The mission of the Idaho Oral Health Alliance is to lead collaborative efforts to bring optimal oral health to Idahoans through education, advocacy, and program development.

**Please complete this form and return with a check made out to the Idaho Oral Health Alliance.
The membership year is January 1 through December 31.**

Mail to: Idaho Oral Health Alliance
Attn: Jennifer Wheeler, Executive Director
P.O. Box 2309
Boise, Idaho 83701

Or pay your membership online at www.idahooralhealth.org

For more information, please visit the website at www.idahooralhealth.org or contact:
Jennifer Wheeler, Executive Director
jwheeler@idahooralhealth.org
208-994-9058