
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!

We recognize that all our members are oral health champions but that some can provide support at a higher dollar amount than others. Please select the level that best meets your capacity. Member benefits remain the same for all levels.

Individual Annual Rate:

☐ \$100 Champion

☐ \$60 Promoter

☐ \$40 Partner

Organization Annual Rate:

☐ \$1,000 for Businesses

☐ \$250 for Nonprofits/Educational Institutions

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