



Delaware Oral Health Coalition Membership Application

Delaware, the First State to support optimal oral health for everyone!

Thank you for your interest in the Delaware Oral Health Coalition (DOHC) to further Delaware’s Oral Health Movement! DOHC members work together to promote optimum oral health for all Delawareans through oral health education, advocacy. Members’ support of our mission and activities of the organization takes many forms.

Membership is free – simply complete the form below.

Last Name and Degree/Title	First Name	MI
Organization (if applicable)		
Email Address	Phone	

I’m a: Dentist Dental Hygienist Health Provider/Other: _____ Student

Mailing Address		
City	State	Zip

Please share your organization’s mission and/or your personal interest in joining the Coalition:



Thank you for your interest in joining.

Email, Fax or mail this membership application to:

*Delaware Oral Health Coalition 417 Federal Street, Dover, DE 19901
FAX 302.661.7229 Email: dhss_dph_dental@state.de.us*

Questions? Please call 302.744.4554