



JOIN TODAY!
2020 Membership Application

Online Application Available on HDA website at www.hdaassoc.org

Applicant Information

Full Name: _____ Email: _____

Practice/Department Name: _____

Office Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Business Phone: _____

Specialty Type

- General
- Prosthodontics
- Endodontics
- Orthodontics
- Pediatrics
- Oral Maxillofacial
- Periodontics
- Faculty
- Other

Member Category

Dues

Dentist	\$250.00
Dental Hygienist	\$190.00
Dental Assistant	\$130.00
Dental Administrator	\$130.00
Resident	\$ 30.00
Lab Technician	\$130.00
International	\$150.00
Institution Membership	\$650.00

HDA Association Contribution

(Tax deductible Under US IRS Rules)

Amount: \$ _____

HDA Foundation Contribution for Student

Scholarships (Tax deductible Under US IRS Rules)

Amount: \$ _____

Chapter Affiliation (\$50 will be rebated to selected chapter)

- Albuquerque Hispanic Dental Association (Albuquerque, New Mexico)
- Austin Hispanic Dental Association (Austin, Texas)
- Eastern Washington HDA
- Georgia Hispanic Dental Association (Augusta, Georgia)
- Greater Chicago Hispanic Dental Association
- Greater Los Angeles Hispanic Dental Association
- Greater Salt Lake City Hispanic Dental Association (Utah)
- Greater San Antonio Hispanic Dental Association
- Hispanic Dental Association of San Diego/Baja, California
- Houston Hispanic Dental Association (Houston, Texas)
- Massachusetts Hispanic Dental Association (Boston, Massachusetts)
- New York Hispanic Dental Association (New York, New York)
- North Texas Hispanic Dental Association (Dallas, Texas)
- South Florida HDA
- Washington DC Metro Area Hispanic Dental Association
- Western Washington HDA
- Cyber Chapter (If no affiliate)

Payment Information

Dues \$ _____

HDA Donation \$ _____

HDA Foundation Donation \$ _____

Total \$ _____

Payment by Credit Card (Circle one) Visa MC Discover AMEX

CC# _____

Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City _____ State: _____ Zip: _____

Auto-Renew ___ Yes ___ No

Split Dues (\$10 processing fee) ___ 3 payments ___ 6 payments

Money Order/Checks – Payable to Hispanic Dental Association

Check number _____ Amount Enclosed \$ _____

Dues run from January – December
\$50 will be rebated to affiliate chapter chosen

We are leaders for Hispanic Oral Health providing
Service, Education, and Leadership.

Email to: HDADirector@hdassoc.org
 Mail to: Hispanic Dental Association
 401 Penn Street
 Third Floor Washington Suite
 Reading, PA 19601

Valid until September 30, 2020