



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
<input type="checkbox"/> General
<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Endodontics
<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Oral Maxillofacial
<input type="checkbox"/> Periodontics
<input type="checkbox"/> Faculty
<input type="checkbox"/> 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
Institution Membership	\$495.00
Group Membership	Contact for details*

HDA Association Contribution (Tax deductible Under US IRS Rules)
Amount: \$ _____
HDA Foundation Contribution for Student Scholarships (Tax deductible Under US IRS Rules)
Amount: \$ _____

Payment Information	
Dues	\$ _____
HDA Donation	\$ _____
HDA Foundation Donation	\$ _____
Total \$ _____	

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

Group Membership*
 For group practices, the purchase of three memberships by one practice will get the 4th membership free. Contact HDADirector@hdassoc.org for details.

Chapter Affiliation (\$50 will be rebated to selected chapter)
<input type="checkbox"/> Albuquerque Hispanic Dental Association (Albuquerque, New Mexico)
<input type="checkbox"/> Austin Hispanic Dental Association (Austin, Texas)
<input type="checkbox"/> Eastern Washington HDA
<input type="checkbox"/> Georgia Hispanic Dental Association (Augusta, Georgia)
<input type="checkbox"/> Greater Chicago Hispanic Dental Association
<input type="checkbox"/> Greater Los Angeles Hispanic Dental Association
<input type="checkbox"/> Greater San Antonio Hispanic Dental Association
<input type="checkbox"/> Hispanic Dental Association of San Diego/Baja, California
<input type="checkbox"/> Houston Hispanic Dental Association (Houston, Texas)
<input type="checkbox"/> Massachusetts Hispanic Dental Association (Boston, Massachusetts)
<input type="checkbox"/> New York Hispanic Dental Association (New York, New York)
<input type="checkbox"/> North Texas Hispanic Dental Association (Dallas, Texas)
<input type="checkbox"/> South Florida HDA
<input type="checkbox"/> Washington DC Metro Area Hispanic Dental Association
<input type="checkbox"/> Western Washington HDA
<input type="checkbox"/> Cyber Chapter (If no affiliate chapter)

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
Payment By Money Order/Checks – Payable to Hispanic Dental Association
Check number _____ Amount Enclosed \$ _____

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