



2021 Membership Application

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

[JOIN HDA TODAY!](#)

Applicant Information	
Full Name: _____	Email: _____
Practice/Department Name: _____	
USPO Address: _____	
City: _____	State: _____ Zip: _____
Personal Email: _____	
Alternate Email: _____	
Cell: +1 _____	Business : +1 _____

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	\$650.00
International	\$150.00
Student	\$ 15.00

HDA Association Contribution (Tax deductible Under 501c(3) 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

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

Chapter Affiliation (Please select one)	
<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 Salt Lake City Hispanic Dental Association (Utah)
<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)

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	

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