



2022 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	\$ 25.00

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"/> Austin Hispanic Dental Association (Austin, Texas)
<input type="checkbox"/> Eastern Washington HDA
<input type="checkbox"/> New Jersey Hispanic Dental Association
<input type="checkbox"/> Greater Chicago Hispanic Dental Association
<input type="checkbox"/> Greater Los Angeles Hispanic Dental Association
<input type="checkbox"/> Utah 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"/> Puerto Rico Hispanic Dental Association (San Juan, PR)
<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 \$ _____