



2024 Membership Application

Online Application Available on HDA website at www.hdassoc.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/School Membership	\$650.00
International	\$150.00
International Affiliate	\$ 50.00
*Not practicing in the US	
Student	\$ 25.00

Chapter Affiliation (Please select one)	
<input type="checkbox"/>	North Florida Hispanic Dental Association (Orlando, FL)
<input type="checkbox"/>	South Florida Hispanic Dental Association (Fort Lauderdale, FL)
<input type="checkbox"/>	Canada Hispanic Dental Association
<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"/>	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 Hispanic Dental Association
<input type="checkbox"/>	Michigan Hispanic Dental Association
<input type="checkbox"/>	New Mexico Hispanic Dental Association
<input type="checkbox"/>	No Chapter Affiliate

HDA Association Contribution (Tax deductible Under 501c(3) US IRS Rules)	
<input type="checkbox"/>	HDA General Fund
<input type="checkbox"/>	Dr. Juan D. Villarreal Legacy Scholarship
<input type="checkbox"/>	HDA Foundation Scholarship
<input type="checkbox"/>	HDA Community Outreach
<input type="checkbox"/>	HDA Student Activities "La Hada Latina" Fund
Amount: \$ _____	

Payment Information	
Dues	\$ _____
JHDA Subs. 2 Issues \$50	\$ _____
(Does not include international shipping)	
HDA Donation	\$ _____
Total	\$ _____

Dues run from January – December

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

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 \$ _____