HISPANIC DENTAL ASSOCIATION

PREDENTAL MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name

First Name

Last Name

Date of Birth

Address

Street Name

City/State

Postal Code

Phone +

Mobile Phone

Email address:

EDUCATION

Name of current school or last attended school

Date of graduation:

Degree expected:

Current status:

☐ Middle school ☐ High school ☐ College ☐ Post grad

Post graduate program

Does your school have a Pre-Dental Student Chapter?

If YES, what is the name/contact info of your Faculty Advisor

MORE INFO

SURVEY INFORMATION (OPTIONAL)

1.What would you like to derive from HDA BOLD membership?

2. Are you willing to participate in community activities arranged by your chapter or the National HDA?

☐ Yes ☐ No

3. What is your ethnicity?

4. How did you hear about HDA BOLD program?

PLEASE COMPLETE THIS APPLICATION AND SEND ALONG WITH YOUR $25.00 MEMBERSHIP DUES TO MEMBERSHIP@HDASSOC.ORG