



Hispanic Dental Association – 2011 Professional Membership Application

ONLINE MEMBERSHIP APPLICATION AVAILABLE ON HDA WEBSITE AT www.hdassoc.org

[PLEASE PRINT – ALL FIELDS ARE REQUIRED]

Full Name: _____

Degree(s): _____

Organization: _____

Mailing Address: _____

Mailing Address: _____

City/State/Zip: _____

Best Phone #: _____

Email Address: _____

Other: _____

Professional Type: Circle One

Administrator	Dean	Faculty
Dentist-General	Dentist-Specialist	Hygienist
Oral Surgeon	Supplier	Technician
Dental Assistant	Other: _____	

Other: _____

List Current Oral Health Organization Memberships:

School/University(s) Graduated From:

How Did You Hear About the HDA? Circle or Complete Referral

HDA Website HDA Newsletter HDA Annual Meeting

Exhibit Booth (where?): _____

Referred By: _____

Other: _____

HDA Foundation Contribution (Tax Free)

Amount: \$ _____

Committee Membership: The HDA is Exciting and Growing - Be a part of the only Association working to optimize the oral health of the Hispanic community. Are you willing to become a member of one of the many HDA Committees? If you are interested, please check the box below, and a HDA Staff member will connect with you when Committee positions are available.

Discounted Subscription to American Journal of Dentistry

U.S. Address \$55.00

Canada or Mexico \$85.00

All Other Countries \$95.00

Membership Categories: Select Most Appropriate

	Annual Dues
<input type="checkbox"/> Active Professional	\$150.00
<input type="checkbox"/> 2 nd Year Practicing Professional	75.00
<input type="checkbox"/> 1 st Year Practicing Professional	15.00
<input type="checkbox"/> International Professional – Residing & Practicing in a Country <u>Other than the United States</u>	40.00
<input type="checkbox"/> Retired Professional	60.00
<input type="checkbox"/> Professional Organization – Name of One Organization Representative: _____	150.00
<input type="checkbox"/> Group Professional Member (2 to 4 members working in the same organization at the same address) Organization Name: _____	100.00
<input type="checkbox"/> Group Professional Member (5 or more members working in the same organization at the same address) Organization Name: _____	75.00

Local Chapter Dues: \$40.00

[National HDA membership is a requirement of Chapter membership]

- Eastern Washington Hispanic Dental Association
- Greater Chicago Hispanic Dental Association
- Greater Houston Hispanic Dental Association
- Greater San Antonio Hispanic Dental Association
- Hispanic Dental Association of San Diego/Baja
- Los Angeles HDA / Latinos for Dental Careers
- Massachusetts Hispanic Dental Association
- New York Hispanic Dental Association

Merchandise:

	Quantity X Amount = Total
HDA T-Shirt (100% Preshrunk Cotton)	_____ X \$10.00 = _____
Sizes: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large	
HDA Golf Shirt (Limited Sizes) <input type="checkbox"/> Large and <input type="checkbox"/> X-Large	_____ X \$30.00 = _____
HDA Ball Cap	_____ X \$15.00 = _____
HDA Lapel Pin	_____ X \$10.00 = _____

Please complete and return this application by mail, fax, or email to the HDA National Office – information below. THANK YOU!

Membership Category Total	\$ _____
Local Chapter Total	\$ _____
Foundation Donation Total	\$ _____
AJD Subscription Total	\$ _____
Merchandise Total	\$ _____
TOTAL	\$ _____

Credit Card Information: VISA Mastercard
 Expiration Date: _____ Security Code: _____
 Credit Card #: _____
 Name on Card: _____

If sending a Check or Money Order – make payable to the Hispanic Dental Association. Check or Money Order #: _____

**Hispanic Dental Association, 3085 Stevenson Drive, Suite 200,
Springfield, Illinois 62703**