



HISPANIC DENTAL ASSOCIATION
PROFESSIONAL MEMBERSHIP APPLICATION
2012 Member Year (November 2011 – December 2012)

NAME (Last/First/Middle): \_\_\_\_\_ Degree(s): \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

CONTACT INFO: Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_
Fax \_\_\_\_\_ Email \_\_\_\_\_

APPLICATION FOR PROFESSIONAL MEMBERSHIP:

\_\_\_\_\_ Dentist \_\_\_\_\_ Hygienist \_\_\_\_\_ Technician \_\_\_\_\_ Other

Dentist Practice Status: \_\_\_\_\_ General Specialist: (List Specialty) \_\_\_\_\_

Primary Practice Setting: \_\_\_\_\_ Private \_\_\_\_\_ Armed Services \_\_\_\_\_ Education \_\_\_\_\_ Public Health
Other: \_\_\_\_\_

Current Member: \_\_\_\_\_ ADA \_\_\_\_\_ AGD Other: (List) \_\_\_\_\_

School Attended: \_\_\_\_\_

How did you hear about the HDA? Referred By: \_\_\_\_\_

\_\_\_\_\_ HDA Website \_\_\_\_\_ HDA Newsletter \_\_\_\_\_ Exhibit Booth (where/when \_\_\_\_\_)

ANNUAL DUES:

- x Active Professional – Professional Licensed in the U.S. \$150.00
x Local Chapter Dues (will be reimbursed to your Local Chapter) 40.00
Name of Local Chapter NTHDA
Active Professional – 2nd Year Practicing 75.00
Active Professional – 1st Year Practicing 15.00
International – Residing & Practicing in a country other than the U.S. 40.00
Retired Professional 60.00
Professional Organization – Not individual membership 150.00
Group Rates: \*\*Working in same office/organization (2 to 4 members – rate per member) 100.00
Group Rates: \*Working in same office/organization (5 or more members – rate per member) 75.00

\*\*All group members must be working for the same organization and have the same address. Each "group rate" member will have the same benefits as single memberships with individual mailings, etc. Once established, additional group members can be added. Please provide name of organization \_\_\_\_\_

**OTHER:**

\_\_\_\_\_ Tax Free Contribution to HDA Foundation General Fund (choose amount below)

\_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$75    \_\_\_\_\_ \$100    \_\_\_\_\_ \$250    \_\_\_\_\_ \$500    \_\_\_\_\_ \$1,000    Other \$ \_\_\_\_\_

\_\_\_\_\_ Subscription to American Journal of Dentistry \*\*(U.S. Address) 55.00

\*\*Canada or Mexico \$85, all other counties \$95.

**MERCHANDISE:**

\_\_\_\_\_ HDA Golf Shirt – specify size (limited sizes: Large or X-Large) \_\_\_\_\_ 30.00

\_\_\_\_\_ HDA Ball Cap \_\_\_\_\_ 15.00

\_\_\_\_\_ HDA Lapel Pin \_\_\_\_\_ 15.00

\_\_\_\_\_ HDA T-Shirt – specify size (limited sizes: Large or X-Large) \_\_\_\_\_ 15.00

**TOTAL ENCLOSED**    \$ \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS APPLICATION (by mail, fax, or email) TO THE NATIONAL OFFICE LISTED BELOW. DUES COVERING ONE YEAR SHOULD ACCOMPANY THE APPLICATION. PLEASE CHECK ALL APPROPRIATE BOXES AND SEND TOTAL PAYMENT.**

**Credit Card Information:**

Visa [ ]    Mastercard [ ]    Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Make or send Check or Money Order payable to the HDA Check #: \_\_\_\_\_**

**NORTH TEXAS HISPANIC DENTAL ASSOCIATION**  
**6504 Briar Ridge Ln**  
**Plano TX 75024**

**310.9483341**

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