GREATER SAN ANTONIO
GSA★HDA
HISPANIC DENTAL ASSOCIATION

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PREDENTAL MEMBERSHIP APPLICATION

NAME (First/Middle/Last)**:** _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT INFO: Work Phone_____ Home Phone_____

Email _____

Date of Birth: _____

PERMANENT ADDRESS:_____

Please check which address is preferred for contact.

SCHOOL INFORMATION

Name of Current School:_____

Date of Graduation: _____Degree Expected: _____

CURRENT STATUS:

Middle School ☐ High School ☐ College ☐ Post Grad ☐

First Year ☐ Second Year ☐ Third Year ☐ Fourth Year ☐

Post Graduate Program _____

Does your school have a Pre-Dental Student Chapter? _____

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

SURVEY INFORMATION (Optional)

1. What services would you like to derive from HDA 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? _____

PLEASE COMPLETE AND MAIL THIS APPLICATION ALONG WITH YOUR $20.00 STUDENT MEMBERSHIP DUES TO P.O. BOX 291224 SAN ANTONIO, TX 78229

Make Check or Money Order payable to the Greater San Antonio Hispanic Dental Association.