



## HILLSBOROUGH COUNTY DENTAL ASSOCIATION

AN AFFILIATE OF THE WEST COAST DISTRICT,  
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

*The mission of the Hillsborough County Dental Association  
is the advancement of the dental profession through education and fellowship.*

### **HCDA Membership Application Protocol**

1. Guest Meeting – Prospective members must attend a Hillsborough County Dental Association (HCDA) dinner meeting as our guest prior to being elected into membership. Please contact the HCDA office (813-447-3452 or [hcd@hcdafila.com](mailto:hcd@hcdafila.com)) if attending. This will help to arrange for an HCDA member to serve as your host.

2. Application Process – An application can be completed. A dues payment of \$195.00 for a full year as well as a one-time administrative fee of \$50.00 (total \$245.00) is required. The application, dues and administrative fee must be received at least one month before the next HCDA meeting so the applicant's name can be posted in the HCDA Newsletter per HCDA Bylaws.

If applying after the November meeting dues will be prorated for ½ year of membership, \$97.50. The prorated dues will therefore be \$147.50, which includes the one-time administrative fee of \$50.00. The administrative fee of \$50.00 will be waived if applicant is a new graduate (within one year of application date). A copy of applicant's dental diploma must be received to qualify for administrative fee waiver.

Applicants must also be a member in good standing with the Florida Dental Association (FDA) and the West Coast District Dental Association (WCDDA). If not a member of the FDA or WCDDA at time of application, you must join these associations within one year of application date. Active duty military and government employees are not required to join the FDA and WCDDA.

3. Voting – The applicant must attend the meeting that their membership will be considered and voted on by HCDA members. If unable to attend this meeting, another meeting date will be chosen and voting will be postponed until that date. Members will vote on eligible applicants by secret ballot.

4. Membership Status – New members will be notified and will be able to attend the remaining HCDA meetings and functions for the membership year.

5. Membership Year/Dues – The HCDA membership year runs from September 1 through May 31. Membership dues include five general membership meetings, continuing education, dinner at these meetings and attendance at the annual holiday party for member and a guest.

Members are kept abreast of the latest developments affecting dentistry through five HCDA newsletters and through the website. The HCDA central office is available to answer your questions and/or direct you to the proper resources.

Return to:  
P.O. Box 592658  
Orlando, FL 32859  
Questions? 813-447-3452  
FAX: 407- 704-3869  
heda@hedafla.com



**HILLSBOROUGH COUNTY**  
DENTAL ASSOCIATION

AN AFFILIATE OF THE WEST COAST DISTRICT,  
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

**Membership Application**

Name \_\_\_\_\_ Email \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Please send mail to: \_\_\_\_\_ office address \_\_\_\_\_ home address

**Academic Training**

Dental School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Post Graduate \_\_\_\_\_

\_\_\_\_\_

Board Certification \_\_\_\_\_

**National and State Licenses**

State Licenses (include year) \_\_\_\_\_

National Licenses or Boards (include year) \_\_\_\_\_

\_\_\_\_\_

**Practice:** \_\_\_\_\_ **Solo** \_\_\_\_\_ **Associate**

If associate, with whom \_\_\_\_\_

Have you ever had patient complaints to any professional relations or peer review committee? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever been investigated by the Department of Health of the Board of Dentistry? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever been arrested for drug abuse? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever had an action taken against your license? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever been reprimanded for ethical misconduct? \_\_\_\_yes \_\_\_\_no

If yes, give details \_\_\_\_\_

Have you ever belonged to another dental association either in or out of state? \_\_\_\_yes \_\_\_\_no

If yes, give names, places and dates: \_\_\_\_\_

\_\_\_\_\_

**I certify the above information to be true. Signed** \_\_\_\_\_

**I certify that I will abide by the constitution and bylaws and the code of ethics of the Hillsborough County Dental Association. Signed** \_\_\_\_\_

**I authorize the Hillsborough County Dental Association Membership Committee to seek information concerning the above questions for use in considering my candidacy for membership in the above said organization. Signed** \_\_\_\_\_

**I certify that I am an ethical practitioner of dentistry and hereby apply for active membership of the Hillsborough County Dental Association. I authorize the release of any information to the Membership Committee of the Hillsborough County Dental Association for its use in considering this application. Signed** \_\_\_\_\_

Be prepared to appear before the Hillsborough County Dental Association Executive Council to present your Dental School Diploma, State License and Board Specialty.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please make checks payable to HCDA. We accept Visa/MasterCard/American Express*

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name it appears on card: \_\_\_\_\_ Security Code \_\_\_\_\_

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

Signature: \_\_\_\_\_

*Do not fill out information below.*

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Date application received on \_\_\_\_\_ Amount received with application \$ \_\_\_\_\_

Date attended membership meeting \_\_\_\_\_

Member vote on \_\_\_\_\_: \_\_\_\_Favorable \_\_\_\_Unfavorable

By action of the HCDA at meeting held on: Date: \_\_\_\_\_ Secretary: \_\_\_\_\_