



Hillsborough County Dental Association

“Service above all else”

HCDA Membership Application Protocol

1. Guest Meeting – Attend a Hillsborough County Dental Association (HCDA) dinner meeting as our guest. Please contact the HCDA central office (447-3452 or hcdaf@hcdaf.com) if attending. This will help to arrange for an HCDA member to serve as your host. If feasible, interested prospective members will be interviewed that evening. Alternatively, an HCDA Executive Council member may conduct a telephone or a personal interview at a later date.
2. Application Process – An application can be completed before, during or immediately after meeting. 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). (See HCDA bylaws, Article IV, Section 2.) 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 1st through May 31st. 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
hcda@hcdafla.com

Hillsborough County Dental Association
Service Above All Else



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 _____

(over)

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 (Street #/Zip): _____

Signature: _____

Do not fill out information below.

Date application received _____ Amount received with application \$ _____ Check # _____
Date

Date referred to HCDA Committee on Membership Admissions _____

Recommendation: ____Favorable ____Unfavorable Signed _____
Chairman, Committee on Membership Admissions

Date appeared before Executive Council _____ Elected ____ Rejected

By action of the Hillsborough County Dental Association at meeting held on:

Date: _____ Secretary: _____