



# Application DENTIST MEMBERSHIP

## Personal Details

Title		Sex	
First Name		Home Phone	
Middle Name		Work Phone	
Last Name		Mobile	
Date of Birth		Languages	
Email			

### HOME

Address			
Suburb	State		
Postcode	Country		

### POSTAL (if different to home)

Address			
Suburb	State		
Postcode	Country		

## Membership & Registration

Please refer to subscription rates for full explanation to categories

Which ADASA category are you applying for?

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Which Federal category are you applying for?

--

Federal N° (if known)

--

Who is your professional indemnity provider

--

Registration No (AHPRA)

--

Division/Registration Type

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**If you wish to apply for Guild insurance at discounted member rates call  
Guild Insurance 1800 810 213 or visit <https://www.guildinsurance.com.au/dental/dentists>**

**OFFICE USE:** ADASA ID ..... ADA ID ..... BPay ..... Pword .....

## Dental Qualifications

Initial Dental Qualification		Graduating University		Year of Graduation	
Additional Qualification		Faculty of Study		Year of Qualification	
Additional Qualification		Faculty of Study		Year of Qualification	
Additional Qualification		Faculty of Study		Year of Qualification	

## Working Information

### PRINCIPAL WORKPLACE

Name			
Address			
Suburb	State		
Postcode	Country		
Phone	Fax		
Is this practice	PRIVATE PRACTICE / PUBLIC PRACTICE / OTHER		

Are you a tutor with TAFE SA? YES / NO

Are you a tutor with The University of Adelaide, School of Dentistry? YES / NO

Are you an examiner with Australian Dental Council? YES / NO

Current average hours worked per week Public practice ..... Private practice ..... Other .....

Please select, are you: EMPLOYED CONTRACTED ASSOCIATE PARTNER SOLE OWNER LOCUM

## Referee Details

To apply for membership you are required to provide names of two professional referees, **both must be financial dentist members of the Australian Dental Association** and unrelated to you. Nominated referees will be contacted by ADASA to provide written references to support your application.

* Referee 1	ADA Member of which State
* Email	Federal ID
* Referee 2	ADA Member of which State
* Email	Federal ID

## Declaration

I hereby apply for membership of the Australian Dental Association, South Australian Branch Incorporated.

I agree to be bound by the Constitution and Code of Ethics for the time being in force. These documents are available on the ADASA web site or will be provided to you on request.

I undertake at all times to uphold the professional and ethical obligations of membership.

I understand that application of membership also includes mandatory membership to the Australian Dental Association Incorporated (Federal) by virtue of requirements under the Constitution of the Australian Dental Association South Australian Branch Incorporated.

I further understand that I must notify the Australian Dental Association South Australian Branch Incorporated in writing or update my profile myself via the web site, of any change of status (e.g. changing number of declared hours).

- Have you currently or in the past had a statutory complaint upheld against you? YES / NO
- Has your registration to practice in any jurisdiction ever been suspended, revoked or had any restriction or condition imposed? YES / NO
- Have you ever had membership of this Association, or a similar organisation, refused or terminated? YES / NO

If you have answered yes to any of these three questions please provide details on a separate sheet.

By signing this form I declare that the information I have provided is true and correct.

Signature of applicant

Date

*NOTE: Membership is paid annually covering the period 1 July to 30 June and that payment must be received no later than 30 days from date of invoice. Alternatively some membership categories offer payment to be made monthly. If a member chooses to cease or transfer their membership during the membership period, the member is still required to complete payment of the invoice. Once payment is received your membership will remain current until the end of the membership period.*

## Payment

Total cost for ADASA & ADA Inc. Membership (refer to subscription rates for costs)

\$

I wish to pay the total amount due by BPay

YES / NO

I wish to pay membership monthly, please send me an agreement form to sign

YES / NO

I wish to pay the total amount due by credit card

YES / NO

Card Type

Visa / Mastercard

Card Expiry

CVV

Card Number

Card Holder's Name

Card Holder's Signature

Address: 2/62 King William Road, Goodwood SA 5034 Phone: 08 8272 8111- Postal: PO Box 858 Unley SA 5061  
Email: membership@adasa.asn.au- Fax: 08 8272 4357- Web: [www.adasa.asn.au](http://www.adasa.asn.au)



### Guild's guide to a risk free holiday season



With the holiday season approaching, it's time to remind ourselves of the possible threats to our homes and cars during this time. In the lead up to what should be a fun and festive time with loved ones, it's important to think about what you can do to protect your valuable assets during this...

Risks

#### Guild Insurance

Professional Indemnity Insurance



#### Latest Articles



#### Understanding water quality - water quality in dental practice

Business

Various forms of water are used in the dental practice. The previous article, 'Dental unit waterlines', focussed on waterline biofilm...



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#### Your work health and safety obligations

Accidents

Every workplace has legal requirement to ensure a safe environment for everyone.



#### Commenting on other dentists' work

Accidents

Generally patient out by point

# Dental RiskHQ. Free CPD from Guild Insurance.

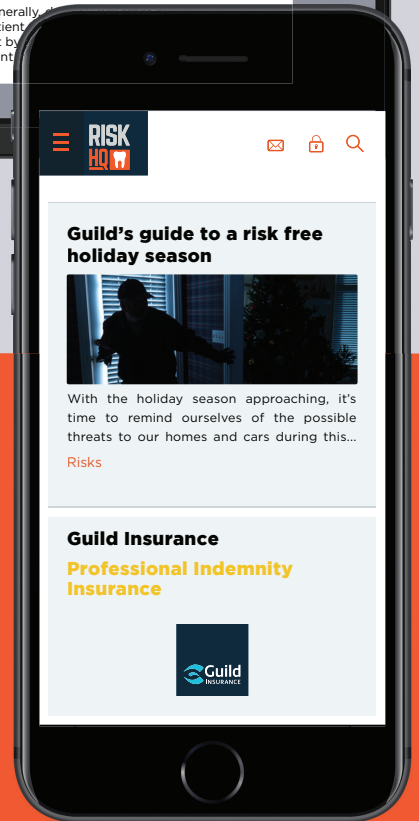
Did you know, reading relevant articles can count towards your required CPD hours? That's why we've built Dental RiskHQ, our free risk management platform filled with content developed every month based on over 55 years of dental profession specific claim trends and data.

Reading articles found on Dental RiskHQ may assist you in achieving your required hours, with the platform stocked with both clinical or scientific articles aimed

to help you reflect on your practice and consider what changes you might implement based on what you've learnt.

Dental RiskHQ includes targeted clinical and dento-legal case studies, regulatory updates and claims examples to help you identify ways to reduce your practice risk and avoid claims.

Visit [dentalriskhq.com.au](http://dentalriskhq.com.au) to browse our collection of latest research, advice, case studies and industry news today.



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Commenting on other dentists' work



The dangers of not recording your advice to patients



Understanding water quality – water quality in dental practice



Are you insured against a cyber attack?



How to avoid a claim against you



Your work health and safety obligations

Better through experience

