



Application STUDENT ADC MEMBERSHIP

Declaration

1. I hereby apply for membership of the Australian Dental Association, South Australian Branch Incorporated.
2. I agree to be bound by the Constitution and Code of Ethics. These documents are available on the ADASA website or can be provided to you on request from ADASA.
3. I undertake at all times to uphold the professional and ethical obligations of membership.
4. I understand that application for membership also includes mandatory membership to the Australian Dental Association Inc. (Federal) by virtue of requirements under the Constitution of the Australian Dental Association SA Branch Inc.
5. I further understand that I must notify the Australian Dental Association SA Branch Inc. in writing of any change of status or details.
6. I declare that the information I have provided is true and correct.

Signature Date

Please answer all questions marked with *

Personal Details

Title	<input type="text"/>	Sex	<input type="text"/>
*First Name	<input type="text"/>	*Date of Birth	<input type="text"/>
Middle Name	<input type="text"/>	Home Phone	<input type="text"/>
*Last Name	<input type="text"/>	Mobile	<input type="text"/>
*Email	<input type="text"/>		

HOME

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>

POSTAL (must be in South Australia)

*Address	<input type="text"/>		
*Suburb	<input type="text"/>	*State	<input type="text"/>
*Postcode	<input type="text"/>	*Country	<input type="text"/>

Dental Qualification

Initial Dental Qualification	*Town & Country	<input type="text"/>	*Year of Qualification	<input type="text"/>
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Date you enrolled to ADC Year you expect to graduate ADC

Please provide proof that you are a candidate actively participating in the Australian Dental Council examination programme provided always that you are a resident in Australia and have passed the Part A Assessment.

**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**