



# Application STUDENT POSTGRAD 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 I am a full-time graduate or undergraduate student proceeding to a formal degree or qualification related to dentistry and I am NOT engaged in paid dental employment exceeding 385 hours per subscription year (7.4 hours per week). I accept that this form of concessional membership will be limited to a period not exceeding 3 years.
7. 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"/>
*Preferred Name	<input type="text"/>	*Date of Birth	<input type="text"/>
Other Names	<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"/>

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](mailto:membership@adasa.asn.au) - Fax: 08 8272 4357 - Web: [www.adasa.asn.au](http://www.adasa.asn.au)



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## Study Information

\* Date you enrolled

\* Where are you studying

\* Date you expect to graduate

\* Which course are you enrolled in

**Please provide proof that you are currently enrolled in a dental postgraduate course in any university in Australia**

## Dental Qualifications

Initial Dental Qualification

Town & Country

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

## 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

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

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