



Student BDS New Membership Application

Disclaimer: must complete in full.

Declaration

1. I hereby apply for membership of the Australian Dental Association SA Branch Incorporated.
2. I agree to be bound by the Constitution and Code of Ethics.
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

Personal Information

Title	Gender		
First Name	Home		
Preferred Name	Mobile		
Middle Name	Australian Resident	YES / NO	
Last Name			
Date of Birth	Language/s		
Email			

Home

Address			
Suburb	State		
Postcode	Country		

Postal (must be in South Australia)

Please tick if same as above

Address			
Suburb	State		
Postcode	Country		

When do you expect to graduate BDS?

Graduating University

Year of Graduation

Insurance Information

Please refer to the Important Notices Document for information on your [Duty of Disclosure obligations](#) and how Guild Insurance manages your privacy.



All applicants:

In the last 5 years have you:

- Had an insurance application rejected or policy cancelled by an insurer? YES / NO
- Had a renewal refused or a compulsory excess or special condition imposed? YES / NO
- Been subject to a claim of the type covered by the proposed insurance (professional indemnity, public and products liability)? YES / NO
- Become aware of any facts or circumstances which may give rise to a claim of the type covered by this proposed insurance? YES / NO
- Been subject to any investigation, examination, or inquiry for professional misconduct? (This includes conditions, undertakings or reprimands attaching to your professional registration) YES / NO

If you answer “yes” to any of the above questions, please attach details with your application.

Your application will then be referred to Guild Insurance Limited for review and You may be contacted for additional information.

DECLARATION

I acknowledge that I have read and understood the [Privacy Policy and Duty of Disclosure](#) from Guild Insurance Limited that were provided to me with this application form. YES / NO

I declare that the information I have provided is true and correct

Full name

Signature

Date

Insurance issued by Guild Insurance Limited ABN 55 004 538 863, AFS Licence No. 233791 and subject to terms, conditions, and exclusions. Guild Insurance supports ADASA through the payment of referral fees. ADASA is an authorised representative of Guild Insurance. Please refer to the policy wording and policy schedule for details. For more information call 1800 810 213.