



SOUTH AUSTRALIA

Application for ADASA Membership

Australian Dental Association South Australian Branch Inc.

ABN 57 335 830 725
2/62 King William Rd Goodwood SA 5034
PO Box 858 Unley SA 5061
Tel 08 8272 8111 Fax 08 8272 4357
Email: admin@adasa.asn.au
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DENTAL STUDENT

(Both sides to be completed by applicant and returned to ADASA office)

I
Given Names *Surname (Block Letters)*

of (*Home Address*)

..... Postcode

Home Phone: Mobile:

Email:

being a person qualified to be selected as a Student Member by reason of currently studying for BDS at an Australian University wish to become a Student Member of the Australian Dental Association South Australian Branch Incorporated and hereby undertake and agree to be bound by the Constitution and Code of Ethics thereof.

Date of Birth: Preferred Name:

GENDER: Male/Female Languages spoken (except English)

Mailing Address:

.....Postcode:

I expect to qualify in dentistry at the University of Adelaide in

Dated Signed (*Applicant*)

There is no fee for Student Membership of the ADA. According to the Branch Constitution as a student member you are entitled to attend all Ordinary, Special and Annual Meetings of the Branch but may not vote at the meeting. You will be entitled to receive publications and other appropriate membership services. To become a Full Member after graduation you will need to complete a written application and be sponsored by two members of the ADA SA Branch and your application will need to be approved by the ADA State Council.

OFFICE USE ONLY	
Membership Number: _____	Member Type: _____
Entered into IMIS Database: _____	
Notification to Federal: Fax / Email _____	