



AUTHORITY TO TRANSFER STATE MEMBERSHIP

ADASA Membership Number:

ADA Member Number:

I (name) request that my Australian Dental Association membership be transferred from State Branch to State Branch effective from/...../..... (date).

I understand that in considering my application, the Australian Dental Association SA Branch Inc may need to review my personal information relating to my current and previous Dental Registration, Association membership and professional indemnity insurance/claims history. I consent to the Australian Dental Association SA Branch Inc seeking access to such information and using that information for the purposes of considering my application and consent to the relevant organisation disclosing such information.

..... Signature print name date

Please answer the following questions:

Do you have Dentist Liability Insurance with Guild Insurance Limited Yes No

Do you wish to continue Dentist Liability Insurance with Guild Insurance Limited Yes No

If no, from which date do you wish to cancel your policy...../...../..... (date)

Forwarding Postal Address:

Forwarding Practice Address: (if known)

Address	.....	.....
Address	.....	.....
Suburb	.....	.....
State/Postcode	.....	.....
Contact Phone	.....	.....

Please return to: Australian Dental Association SA Branch Inc
 Attention: Membership Officer
 PO Box 858, Unley SA 5061
 Fax: 08 8272 4357
 Email: accountant@adasa.asn.au

Office Use Only

ADASA ID: Fed ID: Paid thru date: Branch Member Category:

Profile Transfer Date: Transfer Completed by: on behalf of ADASA.