

Request for Leave of Absence

PERSONAL DETAILS

*First Name

*Last Name

*Mobile

*Email

*Postal Address

*Suburb

*State

*Postcode

DETAILS OF REQUEST

I hereby request my membership be placed on leave of absence, effective from

and I intend to return to work and activate my membership on

and will notify

ADA if this date changes.

Please indicate your reason for requesting leave of absence:

Maternity/Paternity Leave

Unemployed

Overseas

Disease or illness

Other

DECLARATION

I understand that while my membership is placed on leave of absence, its status will be considered unfinancial and therefore I will have no access to membership media, resources, services and benefits.

I understand that I must notify the Australian Dental Association SA Branch Inc. in writing or update my profile myself through the website about any change of status or contact details.

*Signature of member

Date

Please return this form via email to membership@adasa.asn.au or mail it to:

PO Box 858, Unley, SA 5061

For any further enquiries please call us on 08 8272 8111

adasa.asn.au