

# Australian Dental and Oral Health Therapists' Association Inc.

## Membership Application 2011/2012



A · D · O · H · T · A

1. Personal Details		For Current Members:	
Title:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Membership No:	Year first joined:
Given Names:		Surname:	
Former Surname (if applicable):		Date of Birth / /	
Home Address:			
Suburb:		State/Territory:	Postcode:
Home Ph:		Mobile:	
Preferred email for notices etc:			
Dental Board of Australia Registration: <input type="checkbox"/> No <input type="checkbox"/> Yes No.		Category: <input type="checkbox"/> DT <input type="checkbox"/> OHT <input type="checkbox"/> DH <input type="checkbox"/> DT&DH	
Name of your Professional Indemnity Insurance:			

2. Business / Employment Details [ Area of Employment / Hours employed each week ]			
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Education Sector	<input type="checkbox"/> Other: .....
__ Hours/week	__ Hours/week	__ Hours/week	..... ..__ Hours/week
*Business / Employer Name:			
Address:			
Suburb:		State/Territory:	Postcode:
Work Ph:		Work Fax:	
Email:		Web:	
Hours of work per week:			
*If you have more than one place of employment, please attach relevant details			

3. Qualification	
Title of Qualification:	
Place of Qualification:	Year Qualified:
<input type="checkbox"/> Member of a study group? Name of group:	
*If you have more than one qualification, please attach relevant details	

4. Student Membership	
<input type="checkbox"/> Bachelor of Oral Health, University Name:	
Initial year of course:	Year due for completion:
I declare I am a bona fide undergraduate student member enrolled in an accredited course and meet the criteria for student membership.	
SIGNED:	Date: / /

5. Associate Membership [ Please enter details for relevant eligibility criteria ]	
<input type="checkbox"/> Not currently registered as a Dental Therapist or Oral Health Therapist or Dental Hygienist but wish to retain associate membership	
<input type="checkbox"/> Engaged in the industry of dental and oral health but not working as a Dental or Oral Health Therapist or Dental Hygienist	
Place of Employment:	
Occupation/Position:	

6. Select ADOHTA Membership Type [ See full explanation of levels and benefits over ]	
Membership is based on financial year (i.e. 1 July to 30 June). Membership fees are due by 30 June each year	
<input type="checkbox"/> 1 year Full Membership [Currently employed as a Dental or Oral Health Therapist and/or Hygienist]	\$300.00
<input type="checkbox"/> Associate Membership [Must complete eligibility criteria in section 5 above]	\$250.00
<input type="checkbox"/> Student Membership up until remainder of financial year following graduation.[Must complete eligibility criteria and sign declaration in section 4 above]	Free
<input type="checkbox"/> Pro rata membership [Currently employed as a Dental or Oral Health Therapist and/or Hygienist] Members who join after 1 September calculated at \$30/month for remaining months of financial year. N.B. Pro Rata Membership is only available for first year of membership for new members only	\$30/month

7. Method of Payment	
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order [Please make out to ADOHTA] OR	
<input type="checkbox"/> Direct Deposit into Commonwealth Bank Account Name: Australian Dental and Oral Health Therapists' Association	
BSB: 062-593 Account Number: 10007833 Transaction Reference: Your Full Name [Please include deposit receipt with this form as proof of payment] OR	
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Cardholders Name:	
Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____	
Signature:	Amount: \$

8. Declaration of Eligibility	
I, the undersigned, hereby apply for Membership of ADOHTA Inc. I declare I meet the eligibility criteria for my selected membership type. If accepted I hereby agree to abide by the ADOHTA Inc Constitution and Code of Conduct.	
SIGNED: .....	Date: / /

9. Privacy and Information Policy	
ADOHTA Inc maintains a database of names, addresses and other information relevant to membership of the Association and for the purpose of mailing information, publications, notification of events etc and providing services and benefits to members from ADOHTA Inc and other related organisations. ADOHTA will not release your personal details to anyone except for the purposes of providing services and benefits to members. From time to time ADOHTA will use the information provided by you in a de-identified form for the purpose of ADOHTA's advocacy work and reporting on the status of the profession. ADOHTA abides by the requirements of the 2010 Privacy Act. A member may request a copy of personal information held by the Association. If you have any queries please contact ADOHTA Inc.	
<input type="checkbox"/> I DO NOT agree to my information being used for research or reporting	<input type="checkbox"/> I DO NOT wish my contact details to be shared with another organisation

10. Membership Application Process	
Please complete all relevant sections of this application form and forward with payment to:	
Mailing Address: ADOHTA Inc. PO Box 405 NUNDAH Qld 4012	Further queries may be directed to: Phone: 0434 847 641 Fax : 07 3385 0439 Email: membership@adohta.net.au

11. Office Use only	
Date joined: / /	Change of Membership type: / /
Badge issued: / /	From: to:
Logged in database: / / Client ID:	Current financial period: /