

APPLICATION FOR STUDENT MEMBERSHIP CONFIDENTIAL



(Includes membership of the Federal Australian Dental Association Inc)

**AUSTRALIAN DENTAL ASSOCIATION (WA BRANCH) INC
PO BOX 34
WEST PERTH WA 6872**

EMAIL: admin@adawa.com.au

(Please use BLOCK LETTERS)

Mr Mrs Miss Ms (please circle)	Surname		
Preferred Name	Given Names	Date of Birth / /	Sex
Postal Address (Street Number and Name)		Telephone	
Suburb	Post Code	Mobile	
E-mail Address			

Please forward mail to: Home PO Box

Membership category

Student Final Year
 Student 1st – 3rd Year
 Student ADC (**Proof of ADC Registration Required**)

If you are a candidate for the Australian Dental Council's Assessment Examination, please complete the following section:

Degrees completed (include Post Graduate Degrees)	Year
University	

DECLARATION:

1. I,
hereby apply to become a student member of the Australian Dental Association (WA Branch) Inc (ADAWA).
2. I understand that election to membership of ADA WA also includes membership of the Australian Dental Association Inc (Federal), by virtue of requirements under the Constitution and Principles of Ethics and Code of Professional Conduct.

Dated this day of 20.....

Signature