

# ASDA

**The Australian Society for Dental Anaesthesiology**

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## *Application for Membership or Renewal*

I wish to apply for membership of ASDA and enclose the annual subscription.

<b>Surname</b>
<b>First name</b>
<b>Title</b>
<b>Surgery Address</b>
<b>Telephone</b>
<b>Facsimile</b>
<b>E-mail</b>
<b>Home address</b>
<b>Preferred Mailing Address: work home</b>
<b>Degree(s) &amp; Qualifications:</b>
<b>Year of Graduation:</b>
<b>First Proposer</b>
<b>Address</b>
<b>Telephone</b>
<b>Signature</b>
<b>Second Proposer</b>
<b>Address</b>
<b>Telephone</b>

**I am a member of the Australian Dental Association. If admitted to membership I agree to be bound by the Memorandum and Articles of the Society.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please post this application and the annual subscription, to the above address.**

**Full \$275 (inclusive of \$25 GST)**

**Associate \$165 (inclusive of \$15 GST)**

**Cheques made payable to ASDA**