



ASDA Secretariat
50 Grosvenor St. Woollahra NSW 2025
Phone 02 9387 7133

ASDA ASSOCIATE MEMBERSHIP APPLICATION

ASDA Associate Membership is open to General Dental Practitioners, Auxiliaries and Registered Nurses with an interest in sedation, who are not endorsed dental sedationists. Membership is valid from 01 July – 30 June each year (Financial Year).

To join ASDA please use this form or (when available) go to asda.net.au and complete the online renewal (\$40), or with your ASDA Annual Scientific Meeting registration (\$20 – only available online with ASM registration). Online registration will open around April each year for the following Financial Year. Complimentary registration for 12 months is offered following attendance at one of the ASDA Relative Analgesia or Medical Emergency courses.

Submission of application: For renewals when online registration is unavailable or as an alternative if you prefer, manual application or renewal and can be made using this form. Please complete the following information and mail to ASDA Secretariat or email to the treasurer (Dr Michael Walker info@drwalker.com) cc. courses@asda.net.au and the Membership Liaison Member of council (Dr Brad Platell platell_1@bigpond.com)

PERSONAL DETAILS:

Surname		First name		Title	
Surgery Address					
Telephone					
Facsimile					
E-mail					
Preferred mailing address					

Degree(s) & Qualifications (and Year of Graduation): _____

I hereby certify that I am NOT an endorsed sedationist: (If so please see full membership application).

I hereby certify that I am a member of the ADA (Dentists only)

If admitted I agree to be bound by the Memorandum and Articles of the Society

Please include me on the publically available list of members on the ASDA website .

I hereby attended the _____ course on ___/___/20__ held at _____ and was offered complimentary registration for the period _____ to _____.

Payment: Payment (where required) may be made by cheque and mailed with this completed application form to the ASDA Secretariat, or be made by bank transfer to: BSB: 032-340 AC: 13 6525 AC Name: The Australian Society of Dental Anaesthesia Reference: AsMem16Surname

Signature: _____ Date: _____

For enquiries call our Membership Liaison Member of council Dr Brad Platell on 0439 992 007