



APPLICATION FOR MEMBERSHIP

- ACT
- NSW
- QLD
- NT
- SA
- VIC
- WA
- TAS

<input type="checkbox"/> FULL RENEWAL Any changes of address, name or details? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL NEW If applying as a new member please submit a copy of your DH qualification and a copy of your dental board registration	<input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> AFFILIATE	<input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER
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Title: Name: Address: Postcode: Phone Nos. Home: Mobile: Facsimile: Email: DOB: Mem. No: Names of Employers: 1. Name: Address: P/code Phone Days Working 2. Name: Address: P/code Phone Days Working 3. Name: Address: P/code Phone Days Working	Title of Qualification (eg, Cer., Dip., Deg.) Place of Qualification: Year of Graduation: Are you currently registered with the Dental Board? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date registered: Name of your Professional Indemnity Insurance Are you currently a member of any other DHA branch? <input type="checkbox"/> YES <input type="checkbox"/> NO Which Branches?: Do you wish your name to be made available for distribution of promotional material? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, which address?: Do you have any other expertise; degrees, certificates, diplomas? (eg, speaker, practice management)	I, the undersigned, hereby apply for Membership of the DHA Inc. (Branch Name) If accepted I hereby agree to be bound by the Constitution of this Branch and to abide by the national Association's Code of Ethics. Signature: Date: FEES (see Notes overleaf) Full Member Associate Member Affiliate Member Student Member Other Method of payment Cheque or Money Order enclosed \$ or Debit my Visa/Bankcard/Mastercard \$ <i>available NSW(limited), Qld, SA, Vic, WA only – see Notes overleaf</i> Full Name on Card: Card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date: Signature:
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Privacy Clause: The DHA Inc. maintains a database of names, addresses and other information relevant to membership of the DHA Inc. This data is accessed by the Association to mail information, including publications and member services. It is made available to related organisations that provide member services and benefits. Members may request that personal information not be passed on to a third party. However, this will result in the member being unable to receive mailings from third parties. A member may request, at any time, a copy of personal information held by the Association. If you have any enquiries regarding the operation of the DHA Inc. Privacy Policy, please contact the DHA Inc.

PLEASE SEND THIS FORM TO THE DHA BRANCH YOU WISH TO JOIN – see Notes overleaf

NOTES:

These notes are intended to help you complete this application form to become a member of The Dental Hygienists' Association of Australia Inc. (the DHAA).

How do I become a member?

You become a member by joining one of our branches. Normally you would join the branch in the state or territory where you live, but you can choose to join any branch you wish.

Your email address

Giving us your email address (as well as your postal address) ensures you will receive all the benefits available to you as a member. Please write it clearly so we get it right. If your contact details change later you can update them immediately over the Internet, so you won't ever miss out on any benefits.

Which membership option do I choose?

The different categories of membership are explained in the "Membership Options" box on this page. You should tick the box on the form that best described you. If unsure, please check with the branch you wish to join.

What are the annual membership fees?

You should contact the branch you wish to join for advice on the applicable fee. You will find the branch's membership fees on their website.

Can I pay by Credit Card or Online?

Some branches are not able to accept credit card or online payments. You will find advice about each branch's payment options on their website.

Constitution and Code of Ethics

You can get a copy of the Constitution of the DHAA branch and the national Association's Code of Ethics from the branch you wish to join.

Where do I send the form?

Please send the completed form with payment to the branch you wish to join. If you are a new full member you should include a copy of your DH qualification and a copy of your dental board registration.

I'm still confused, what can I do now?

If you need help with this form or have other questions to ask, please contact the branch you would like to join. Contact details for branches can be found on their websites (see below),

Or you could send us an email at:

contact@dhaa.asn.au

If you send us an email you should tell us which branch you wish to join so we can get your message to them.

Branch website addresses

ACT - www.act.dhaa.asn.au

NSW - www.nsw.dhaa.asn.au

QLD - www.qld.dhaa.asn.au

SA - www.sa.dhaa.asn.au

TAS - www.tas.dhaa.asn.au

VIC - www.vic.dhaa.asn.au

WA - www.wa.dhaa.asn.au

Membership Options

Full Member – Full membership is available to persons currently registered with a State Dental Board, and holding a tertiary qualification (Certificate, Associate Diploma, Diploma, Bachelor Degree or equivalent) in Dental Hygiene that is recognised by and registrable with the Dental Board of the respective state or territory and recognised by the Dental Hygienists' Association of Australia Inc.

Associate Member – Associate membership is available to persons not currently registered with a state or territory Dental Board but holding a tertiary qualification (Certificate, Associate Diploma, Diploma, Bachelor Degree or equivalent) in Dental Hygiene from an accredited school of Dental Hygiene that is recognised by the Dental Hygienists' Association of Australia Inc.

Affiliate Member – Affiliate membership is available to persons otherwise engaged in or associated with the profession of Dental Hygiene who may upon application and at the discretion of the National Executive be admitted to membership of the Association.

Student Member – Student membership is available to persons currently undertaking a tertiary undergraduate qualification (certificate, associate diploma, diploma, bachelor degree or equivalent) in Dental Hygiene that is recognised by and registrable with the Dental Board of the respective state or territory and recognised by the Dental Hygienists' Association of Australia Inc.

Other – Please contact the branch you wish to join.