



GEN06 – Application for Associate Membership

The membership category of 'Associate' is open to Fellows and Members who have gained a Fellowship or Membership from a College with a similar history and purpose to that of RACDS'. Associate membership provides access to benefits provided to RACDS Fellows or Members aside from those noted below*. An Associate can display their membership of RACDS as 'Associate of RACDS'

***Note:** An Associate cannot refer to themselves as a Fellow or Member of RACDS. Associate membership does not bestow voting rights, right to serve on Board, use of RACDS post nominals nor confer any registerable qualification.

Section 1 – Personal Details

Title				Gender	
Family Name				Date of Birth <small>(dd/mm/yy)</small>	
First Name					
Other Names					
Email					
Phone	M		H		W
Mailing Address					
Work Address					
Professional & Membership Qualifications	International college	Post Nominal		Year Elected	

Section 2 – Professional Details

Please select all that apply

- Academic
 Government employment
 Armed services

- Private Practice
 Specialist Practice

Please specify discipline _____

Section 3 – Declaration

I hereby pledge myself as a condition of Associate Membership of the College to practice dentistry and conduct my professional life in strict accordance with the Constitution and principles of the College. I pledge myself to obey all regulation, By-laws and Rules of the College now in force, which I hereby declare I have read, or any regulations, By-laws or Rules that may be adopted from time to time by the Board or by its governing body or duly delegated authority. I declare that I will submit to any penalties, including expulsion from the College that may be imposed by the Board or the governing body or duly appointed authority for violation of any regulation, By-law or Rule, or of this pledge. I agree that all communications made by the Board or any of its officers and all answers to any questionnaire made by any Referee or Fellow of the College shall be absolutely privileged and shall for all purpose be deemed to be a privileged communication.

Declared at _____ in the state _____
(town/city) (state and/or country)

At this day _____ Signature _____
(dd/mm/yyyy)



Section 4 – Payment Options			
Payment Amount	Annual Fee (1/3 of RACDS 20/21 Annual Fee) \$AUD 240 (Australian Resident); \$AUD 218 (Overseas Resident); _____		
Please select payment method			
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		
	Card Holder Signature		
<input type="checkbox"/> Cheque	1. Made payable to "Royal Australasian College of Dental Surgeons" 2. In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise)		
This form should be submitted			
Post	RACDS Level 13 37 York Street Sydney NSW 2000 Australia	Email	ceo@racds.org
		Fax	02 9262 1974
NB: The annual fee year runs from July to June. Associate Members pay 1/3 of the applicable annual fee for the year.			