



## GEN03 – Admission to Fellowship or Membership

Candidates who have successfully fulfilled all the requirements for Fellowship or Membership shall make an application for Admission to the Board of the College. The Board may then admit successful candidates to Fellowship or Membership, who will subsequently receive a Testamur and the privilege under By Law 3 to use the appropriate post-nominal description.

Failure to remain a Fellow or Member in good standing within the College removes the right and privilege of Fellowship or Membership, including the use of the appropriate post-nominal description.

First Name		RACDS ID <i>(if known)</i>	
Last Name			
Other Names		Date of Birth <i>(dd/mm/yy)</i>	
Email			

### Section 1 – Personal Details

**If your details have changed please fill in below**

Phone	M		H		W	
Mailing Address						
Principle Work Address						

### Section 2 – Admission Type

**Please select all that apply**

<input type="checkbox"/> FRACDS (General Dental Practice)	<input type="checkbox"/> FRACDS (Specialist Dental Practice)
<input type="checkbox"/> MRACDS (General Dental Practice)	<input type="checkbox"/> MRACDS (Specialist Dental Practice)
Please specify discipline _____	

### Section 3 – Professional Details

**Please select all that apply**

<input type="checkbox"/> Academic	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Government employment	<input type="checkbox"/> Medical Practice
<input type="checkbox"/> Armed services	<input type="checkbox"/> Specialist Practice

### Honours and Awards

Degree	Institution	Year



**Particulars of Academic Achievements (research, publications, scholarships, prizes)**

**Other Training and Experience**

**Particulars appearing on Certificate of Fellowship or Membership**

State the exact form in which you desire to have your name appear on the Testamur

\_\_\_\_\_  
*(Please print)*

**Section 4 – Attachments**

**Please select all that apply**

- I have attached a passport-size photo (for inclusion in the Yearbook)
- I have already provided a photo within the last six months

**Section 5 – Declaration**

I hereby pledge myself as a condition of Membership/Fellowship (delete one as applicable) 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)*

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_  
*(dd/mm/yyyy)*

**Before me** \_\_\_\_\_  
*(name, signature and position of witness)*



### Section 6 – Payment Options

Payment Amount	Admission Fee	<i>Mem - #14 Fell - #25</i>
	<b>\$AU</b>	(GST applicable)

*(Please refer to the [Fee Schedule](#) on the College website for the applicable fee amount)*

Please select payment method

<input type="checkbox"/> Electronic Funds Transfer	Bank	Westpac Banking Corporation
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia
	Account Name	Royal Australasian College of Dental Surgeons
	BSB Number	032 024
	Account Number	80 1095
	Bank Swift Code <small>(for accounts outside Australia)</small>	WPACAU2S
	*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.	

<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		

This form should be submitted

<b>Email</b>	<a href="mailto:info@rads.org">info@rads.org</a>
<b>Address</b>	RACDS, Level 13, 37 York Street, Sydney NSW 2000

NB: The annual fee year runs from July to June. A pro-rata annual fee will be requested from new Fellows or Members following the approval of their application by the Board. Persons holding Fellowship or Membership in multiple disciplines pay only a single annual fee.

<b>Applications close</b>	This application may be submitted at any time following confirmation of eligibility
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