

Membership to the NSW Dental Assistants' (Professional) Association

The NSW Dental Assistants' (Professional) Association Inc. is a not-for-profit organisation committed to the professional development and education of dental assistants for over 50 years. We are a registered training organisation approved to deliver nationally recognised qualifications in Dental Assisting.

With the support of your membership we can continue to support and promote the role of Dental Assistants in NSW.



OUR AIM

- To promote general recognition of Dental Assistants as health care professionals
- To provide care, support and advice on the needs of member's
- To promote and provide a high standard of education and training for dental assistants
- To provide a network of health professionals to share knowledge and experience
- To represent the views of Dental assistants at official levels

OUR ACTIVITIES

- Deliver training in Certificate Courses for Dental Assisting via classroom or flexible delivery pathway
- Seminars and workshops on Infection Control and Occupational Health & Safety
- Annual Conference for the Dental Team
- In-house training and advice

- Employment register
- Continuing Education/Professional Development courses
- Website access and information
- Quarterly newsletter "On the Cusp"
- Social group and networking activities for dental assistants

MEMBERSHIP BENEFITS

- 10% discount on ALL NSW DAA activities, conferences and promotional items
- Quarterly newsletter keeping you updated on dental issues
- Access to website and current issues/forums
- Opportunity to network amongst like professionals on-line, at meetings, seminars & social group
- Full membership has voting right at annual General Meeting
- Access to advice and support

TYPES OF MEMBERSHIP

NSW DENTAL ASSISTANTS' (PROFESSIONAL) ASSOCIATION

This association is primarily concerned with the education and skilling of dental assistants and does not include industrial representation or advice. Wage enquiries and employment conditions are covered through Union Membership.

- **Full Professional Membership** **\$70.00 pa**
Full voting rights and participation on any committee
- **Associate Professional Membership** **\$35.00pa**
No voting rights or committee participation
- **Student Membership / Trainee Membership** **\$10.00**
Proof of enrolment in a recognised Dental Assisting Qualification course of AQF level 3 only (higher level courses are not eligible for Student Membership but may join at Associate or Full Membership Level).

THE NSW DAA UNION MEMBERSHIP

(Seperate Application Form Required)

This membership is suitable for those employed in private practice and who wish to access industrial support and advice including wages, AWAs and employment conditions. The NSW DAA Union is administered by the AWU Federal Branch. Members of the Union will automatically be included on the Professional mailing list and entitled to discounts on all NSW DAA Activities. Membership to the Union is available through the Australian Workers Union (AWU). For information about membership contact: (02) 8005 3333.

Application for membership

I, the undersigned, wish to apply for membership to The NSW Dental Assistants' (Professional) Association and, if accepted, I hereby agree to be bound by the constitution and Rules of the Association. TAX INVOICE ABN 79 605 206 586

Surname: (Mr/Mrs/Ms/Miss) _____
 Given names: _____
 Homes address: _____

 Suburb: _____ Postcode: _____
 Home telephone: _____
 Home email: _____
 Mobile: _____
 Date of Birth: _____

Practice name: _____
 Practice address: _____

 Suburb: _____ Postcode: _____
 Practice telephone: _____
 Email: _____
 Preferred contact: Home Work Mobile E-mail
 How would you like to receive your newsletter:
 Mail E-mail

Certificate III in dental assisting held?
 Yes Year received _____ No
 Do you have other qualifications? _____

 How did you hear about the NSW Dental Assistants' Association? _____

Please make cheque payable to:
 NSW Dental Assistants' (Professional) Association
 Post to: PO Box 40, Westgate NSW 2048

Or please charge my
 Visa Card Master Card

Card number: _____

Expiry ____ / ____ Amount _____

Card Holders Name _____

Signature _____

Date ____ / ____

Receipt to be made out to: _____

- | | | | |
|-----------------------------|-----------|----------|--------------------------|
| Full Membership | (1 year) | \$70.00 | <input type="checkbox"/> |
| | (2 years) | \$130.00 | <input type="checkbox"/> |
| | (3 years) | \$190.00 | <input type="checkbox"/> |
| Associate Membership | (1 year) | \$35.00 | <input type="checkbox"/> |
| | (2 years) | \$65.00 | <input type="checkbox"/> |
| | (3 years) | \$95.00 | <input type="checkbox"/> |
| Student Membership | (1 year) | \$10.00 | <input type="checkbox"/> |
- (Proof of enrolment in AQF level 3 only required)



Membership
Application