

**ROYAL AUSTRALAIN ARMY DENTAL CORPS ASSOCIATION  
INC. APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Address (Home): \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Title (e.g. Prof, Dr, Mr, Mrs, Ms): \_\_\_\_\_

\*Years of Military Service: \_\_\_\_\_ Rank (Service/Retired):\*Employment Stream in RAADC: \_\_\_\_\_

\*RAADC Units Served With or your 'Dental' connection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for wanting to join: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that if you have a conviction which involved imprisonment or was an indictable offence, there may be restrictions on your ability to hold a Committee position, if that conviction is not a Spent Conviction.

Under the Provisions of the Associations Incorporation Act 1981, S70 (4), the Association is required to advise you that it holds Public Liability Insurance to the value of \$10 000000.

**I hereby apply for membership of the Royal Australian Army Dental Corps Association Inc.**

**Joining fee \$10.00 and Initial Annual Subscription \$25.00 enclosed.**

**Privacy Act:**(I DO/DO NOT)\*authorize the use of my name for social publication in Association Newsletters or Website or social media. (No personal or private information would be released).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

<b>Association Use Only</b>	
Membership proposed by: _____	
Membership seconded by: _____	
Membership accepted (date): _____	
Association Badge issued (date): _____	
Entered in Membership Register(date): _____	
_____ (Signature Membership Member & Date)	_____ (Signature Secretary & Date)

\*Cross out where not applicable