



VICTORIA

# Authority to Transfer ADA Membership

ADA Membership Number: \_\_\_\_\_

I ..... (Full name) request that my Australian Dental Association membership be transferred from ..... (State) to Victoria effective from ...../...../..... (dd/mm/yyyy).

Please answer the following questions:

What year did you graduate and where? .....

Do you have current Professional Indemnity Insurance? Yes  No

Is your insurance with Guild Insurance Limited? Yes  No

Do you wish to apply for Dentist Liability Insurance with Guild Insurance Limited? Yes  No

I understand that in considering my application, the Australian Dental Association Victorian Branch Inc. (ADAVB) may need to review my personal information relating to my current and previous Dental Registration, Dental Association membership and professional indemnity insurance/claims history. I consent to the ADAVB seeking access to such information and using that information for the purposes of considering my application and to the relevant organization disclosing such information.

.....  
Signed

.....  
Dated

### Practice Particulars in Victoria

(tick all appropriate boxes)

- Private Practice
- Government
- Armed Forces

### Working Hours

- Hours per week
- Total hours per annum

### Postal Address

Suburb:
State:
Postcode:
Contact Number:

### Practice Address

Suburb:
State:
Postcode:
Contact Number:

**Australian Dental Association  
Victorian Branch Inc.**

Level 3, 10 Yarra St South Yarra  
PO Box 9015 South Yarra Vic 3141  
Phone: 03 8825 4600  
Fax: 03 8825 4644  
ask@adavb.org  
[www.adavb.net](http://www.adavb.net)

Please return to the ADAVB, Attention: Membership Officer

ABN 80 263 088 594  
ARBN 152 948 680  
Red'd Assoc No. A0022649E