Authority to Transfer ADA Membership

ADA Membership Number: ____________________

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

Please answer the following questions.

Do you have Dentist Liability Insurance with Guild Insurance Limited Yes ☐ No ☐

Do you wish to continue Dentist Liability Insurance with Guild Insurance Limited Yes ☐ No ☐

If No, from which date do you wish to cancel your policy ..../............/............. (dd/mm/yyyy)

Forwarding Postal Address

Suburb:
State:
Postcode:
Contact Number:

Forwarding Practice Address *(if known)*

Suburb:
State:
Postcode:
Contact Number:

Please return to the ADAVB, Attention: Membership Officer

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Victorian Branch Inc.

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