



NEW ZEALAND
DENTAL ASSISTANTS
ASSOCIATION

Incorporation Number: 2637514

The national New Zealand body representing and upholding the interests and objectives of dental assistants

Membership application form – *Please print clearly*

- Full Member** A person who is employed as a dental assistant (DA) in New Zealand
- Associate Member** A person who has an active interest in dental assisting but is not currently employed as a DA in New Zealand eg Practice Manager, Dental Industry Representative etc
- Annual Fee** Membership of the NZDAA incurs an annual fee of **\$26.00**
- Membership Year** 01 Apr – 31 Mar

Membership category: *(Circle)* **Full** **Associate**

Title: *(Circle)* **Ms** **Miss** **Mrs** **Mr** **Dr** **Gender:** *(Circle)* **Female** **Male**

Surname: _____ **First Name:** _____

Job Description: _____

Home address: _____

Work address: _____

Preferred postal address: *(Circle)* **Home** **Work**

Email address: _____

Telephone: **Home:** _____ **Work:** _____

Mobile: _____

I hereby accept membership to NZDAA and agree to abide by the rules of the Constitution

Signature of applicant: _____ **Date:** ____ / ____ / ____

Payment options: New Zealand Dental Assistants Association Inc
(Please circle payment method)

Direct Bank Deposit: 12 3427 0137763 00 (please include your name and region as reference)

Cheque: Please make out to New Zealand Dental Assistants Association Inc

Please return form with payment option to: Rosemary Thomas, Secretary/Treasurer NZDAA

Email: rosemary@nzdaa.co.nz

Post: Rosemary Thomas, 23 Atarua Gardens, Waatarua, Auckland, 0604

Registration is not confirmed until payment is received. Your name and contact details will be added to the NZDAA members directory