



# Dental and Oral Health Therapists of Queensland

## Membership Application

Membership is based on financial year. Membership fees are due by 30 June each year

1. Personal Details		For Current Members:	
Title:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Membership No:	Year first joined:
Surname:	Given Names:		
Former Surname (if applicable):	Date of Birth / /		
Home Address:			
Suburb:	Queensland	Postcode:	
Home Ph:	Mobile:		
Preferred email for notices etc:			
Are you currently registered with the Dental Board: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name of your Professional Indemnity Insurance:			

2. Business / Employment Details [ Area of Employment / Hours employed each week ]			
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Education Sector	<input type="checkbox"/> Other: .....
___ Hours/week	___ Hours/week	___ Hours/week	..... .._ Hours/week
Occupation/Position:			
*Business / Employer Name:			
Address:			
Suburb:	State:	Postcode:	
Work Ph:	Work Fax:		
Email:	Web:		
Hours of work per week:	*If you have more than one place of employment, please attach relevant details		

3. Qualification	
Initial Qualification:	
Place of Qualification:	Year Qualified:
Additional Qualification:	
Place of Qualification:	Year Qualified:
<input type="checkbox"/> Member of a study group? Name of group:	

4. Student Membership	
<input type="checkbox"/> Bachelor of Oral Health, University of Queensland	<input type="checkbox"/> Bachelor Oral Health Therapy, Griffith University
Initial year of course:	Year due for completion:
I declare I am a bona fide student member enrolled in an accredited course and meet the criteria for student membership.	
SIGNED:	Date: / /

5. Associate Membership [ Please enter details for relevant eligibility criteria ]	
<input type="checkbox"/> Not currently registered as a Dental Therapist or Oral Health Therapist but wish to retain associate membership	
<input type="checkbox"/> On extended leave (for more than one year) From: / / To: / /	

6. Select DOHTAQ Membership Type [ See full explanation of levels and benefits over ]	
<input type="checkbox"/> <b>Joining Fee</b> for New Members and membership lapsed by more than 12 months	\$ 15.00
<input type="checkbox"/> 1 year Full Membership	\$180.00
<input type="checkbox"/> 2 years Full	\$330.00
<input type="checkbox"/> 1 year membership for Country Members	\$150.00
<input type="checkbox"/> 2 year membership for Country Members	\$300.00
<input type="checkbox"/> Pro rata membership N.B. Pro Rata Membership is only available for first year of membership	\$20/month
<input type="checkbox"/> Associate Membership [Must complete eligibility criteria in section 5 above]	\$150.00
<input type="checkbox"/> Student Membership [Must complete eligibility criteria and sign declaration in section 4 above]	Free
<input type="checkbox"/> Transitional Student Membership following graduation for remainder of financial year.	\$30.00

7. Method of Payment	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order [Please make out to DOHTAQ] OR
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Cardholders Name:
Card Number: _____	Expiry Date: ___ / ___
Signature: _____	Amount: \$ _____

8. Declaration of Eligibility	
I, the undersigned, hereby apply for Membership of DOHTAQ. I declare I meet the eligibility criteria for my selected membership type. If accepted I hereby agree to abide by the DOHTAQ Constitution and Code of Conduct.	
SIGNED: .....	Date: / /

9. Privacy Information	
DOHTAQ maintains a database of names, contact details and other information for the purpose of mailing information, publications, notification of events etc and providing services and benefits to members from DOHTAQ and other related organisations. This information may be made available to related organisations which provide member services or benefits. Members may request that personal information is not passed on to third parties; however this may result in the member being unable to access some benefits. A member may request a copy of personal information held by the Association. If you have any queries please contact DOHTAQ.	
<input type="checkbox"/> I do not wish to receive promotional or advertising materials	

10. Membership Application Process	
Please complete all relevant sections of this application form and forward with payment to:	
Mailing Address: DOHTAQ Inc. PO Box 405 NUNDAH Qld 4012	Further queries may be directed to: Phone / Fax : 07 3385 0439 Email: admin@dohtaq.com.au

11. Office Use only	
Date joined: / /	Change of Membership type: / /
Badge issued: / /	From: to:
Logged in database: / / Client ID:	Current financial period: /

For more information visit [www.dohtaq.com.au](http://www.dohtaq.com.au) ABN: 81 463 874 137