



Membership Renewal

Treasurer: Mr. Clinton Kempster
 ✉ PO Box 547, Torrensville, South Australia, 5031
 ☎ (08) 303 8279 / 0403 013 799
 💻 payments@sadta.com.au

ABN: 52626464583

DESCRIPTION	NON-STUDENT	STUDENT
<p>Membership renewal</p> <p>Please note: At the last AGM on the 6th May 2011, two critical changes were unanimously approved by current office bearers and members present on the day which may impact on your current and future membership. Your SADTA Inc. is now known as the ADOHTA SA/NT Branch after successfully amalgamating with the NTDTA and becoming a sub branch of ADOHTA (ADOHTA constitutional changes are almost complete). Current members of the SADTA Inc. by the 1st of September 2011, will be grandfathered across to become ADOHTA SA/NT Branch members, avoiding the increased membership fee for 2011. Those who have not paid their SADTA Inc membership by the 1st of September 2011 will need to apply for ADOHTA membership and may incur a higher annual registration fee. To avoid this for the 2011 - 2012 financial year, please finalise your membership by the 1st of September 2011.</p>	\$150.00	Complimentary (Complete & tear off the slip below & return)

Payment options include: salary debit (if SADS employee) cash, cheque, money order, EFT, PayPal (via www.sadta.com.au)
 Tear of the slip below and return it to the postal address above. Thank you.

Full name: _____

Mailing Address: _____

Daytime Contact Number: _____

Mobile: _____

Email: _____

Employment Sector:
 Student Public Private Both
 (no fee required)

Payment Method:
 Cash Cheque EFT PayPal Payroll

If you are a SA Dental Service employee and would like a payroll deduction, please provide your employee number and sign the authorization section below.

I hereby authorize the South Australia Dental Service to deduct the full membership registration fee from my salary.

If paying by direct deposit, please clearly indicate your name in the deposit description.

Acc No: 0434 1748
 BSB: 805 023
 Name: South Australian Dental Therapists Assoc. Inc.

Print Name: _____

Employee Number: _____

Signature: _____

Please make all checks payable to: South Australian Dental Therapists Association Inc.
THANK YOU FOR SUPPORTING THE ASSOCIATION THAT SUPPORTS YOU!