



Australasian Academy of Dental Sleep Medicine Membership Application form for Support staff

Instructions: Please print legibly. Provide all applicable information requested below and attach a cheque (**\$100 Membership Fee**) payable to AADSM in \$AUD and **post to:**
AADSM 1501 / 101 Bathurst Street Sydney NSW 2000 OR Pay via Bank transfer to BSB Number 082 057, Account Number 14 399 0910

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|--|
| 1. Full Name and Date of Birth (including credentials, exactly as it should appear on official correspondence, certificates.): |
| |
| 2. Mailing Address and Contact Information (please include email and mobile number): |
| Office - |
| Contact number - |
| Email - |
| Home - |
| 3. Education: under graduate /graduate/ post graduate |
| |
| 4. Name of the Dental or Medical School from which you graduated: |
| |
| 5. Have you ever been convicted of a felony (or comparable serious crime if referred to by some other name outside of Australia)? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach a statement of explanation.) |
| 6. Healthcare profession in which you are licensed to practice, e.g., Hygienist, Therapist, Prosthetist, Speech therapist/pathologist |
| |
| 7. State/Country in which you are licensed to practice: |
| |
| 8. Has your license to practice ever been suspended or revoked or have you been notified of any currently pending investigation or review related to your license to practice? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach a statement of explanation.) |
| 9. What percentage of your current practice involves treatment of Snoring/Sleep Aponea/TMD/Bruxism: _____% |
| 10. State the genesis of your interest in membership with the AADSM. |

Please return completed and signed form by mail to:

AADSM

1501 / 101 Bathurst Street Sydney NSW 2000

Fax: 02 9314 5936, Phone: 02 9398 8338



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In making this application to the AADSM, in accordance with, and subject to its Articles of Incorporation, Bylaws and such other governing provisions as, from time to time, are in force, (hereinafter collectively referred to as its regulations), I agree to disqualification, suspension or revocation of membership and to surrender any Certificate of membership or competency of Fellowship in the event of any misstatement or misrepresentation of a material fact, any material submitted or in the case that any of the aforementioned regulations applicable to said membership or Fellowship Status are violated by me, as determined by the AADSM. I further agree to hold the AADSM, its officers, examiners, employees and agents, free from any claim, damage or liability by reason of action they or any of them may take in respect of this application, including, but not limited to, the failure of the AADSM to issue me membership, or the suspension, revocation or making of any demand for the surrender of an issued Certificate of membership or Fellowship Status or the removal of my name from any list of holders of such certificates.

In support of this application, I certify that all of the statements and/or affirmations made herein, including any statements of explanation, are true, complete and correct to the best of my knowledge and belief and are made in good faith and without mental reservations, and I agree that any false, incomplete or incorrect statements may serve as a basis for denial of my membership application, as well as disqualification, suspension or revocation of membership if already accepted.

Date: _____

Applicant's Signature: _____

Date: _____

Name of Witness: _____

Witness Signature: _____

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