

So what does it do for me?



Introduction

One of the first national representative groups to be set up in Ireland, the Irish Dental Association is the sole national representative body for dental surgeons in Ireland. Membership is inclusive of vocational trainees, general dental practitioners, private practitioners, public dental surgeons, consultants, specialists, hospital dental surgeons, army dental surgeons and dental students.

Collective and individual services are provided for members and the Association has been to the forefront in achieving many changes and innovations in the advancement of the dental profession and dentistry in Ireland. Ready access for each member to their local branch, interest group, the national council and the executive staff is the basis of the structure of the IDA.

The Association is a:

- ▶ professional association;
- ▶ representative body;
- ▶ scientific society; and,
- ▶ a service organisation.

Objectives

The main objectives of the IDA are to:

- ▶ promote the interests of the dental profession in Ireland;
- ▶ procure for members, and to ensure the maintenance of, just and reasonable terms of employment and proper remuneration;
- ▶ negotiate and settle all matters pertaining to the practice of dentistry with all parties on behalf of members, individually and collectively;
- ▶ represent and defend the collective will, viewpoint and purposes of members;
- ▶ promote and encourage continuing dental and oral health education;
- ▶ cultivate and promote the well-being of the Irish people through the attainment of optimum oral health;
- ▶ cultivate a generous professional spirit among dental practitioners.

Benefits

SCIENTIFIC

- ▶ Continuing Education Courses
- ▶ Annual Conference
- ▶ National Seminar for Public Dental Surgeons
- ▶ Journal of the IDA

FINANCIAL

- ▶ Credit Union facilities
- ▶ Group health insurance scheme
- ▶ Exclusive mortgage package
- ▶ Investment property finance
- ▶ Competitive car insurance rates
- ▶ Competitive rates for credit/debit machines

SOCIAL EVENTS

- ▶ Golf Society
- ▶ Branch functions
- ▶ Annual Dinner

OTHER

- ▶ Representation of the profession in negotiations with government and other bodies
- ▶ International dental affairs participation
- ▶ Individual advice on employment matters
- ▶ IDA Update newsletter
- ▶ IDA Diary and Trade Directory
- ▶ Access to professional section of www.dentist.ie

Membership Application Form

Surname _____
 First name(s) _____
 Date of birth _____
 Correspondence _____

 Telephone _____
 Fax _____
 Mobile _____
 Email _____

Dental Council Registration number _____

Category of membership _____ (please see panel below right)

If accepted, I agree to abide by the Rules and Policies of the Association now existing or which hereafter may be made.

Applicant signature _____

Date _____

If re-applying please indicate reason for resigning original membership.

I confirm that the applicant is a suitable candidate for membership of the Association.

Proposed by (please print) _____
 who is a current Member of the Association

MEMBERSHIP CATEGORIES

- A1** General Practice (including participation in State funded dental schemes, i.e. DTBS & DTSS)
- A2** Limited Practice (including Prosthodontics, Paedodontics, Endodontics, Periodontics, Orthodontics etc.)
- A3** Specialist Practice (including practitioners registered on the Dental Council Specialist list of Orthodontics & Oral Surgery only)†
- B1** Public Dental Surgeon (including General Dental Surgeon, Senior Dental Surgeon, Principal Dental Surgeon and Army Dental Surgeons)
- C1** Hospital Dental Surgeon – Consultant
- C2** Hospital Dental Surgeon – Non Consultant
- E** Life Members (Members with 30 years' membership of the Association, who have attained the age of 65 years - a once-only payment)
- D1** Affiliate Members (including non-practising/retired dentists, Overseas/NI members* and postgraduate students)
- NG** New Graduates (including Vocational Trainees) for first year after qualification.

† Including specialists employed by the HSE

* Applies only to dental practitioners practising outside the Republic of Ireland.

Direct Debit Mandate

Please complete parts one to four to instruct your bank to make payments directly from your account.

1. Full name and address of your bank and branch.

2. Name of account to be debited.

3. Account number:

Sort code:

Note: banks may refuse to accept direct debits from some types of account.

General Dental Practitioners ONLY

DTBS panel number _____ DTSS panel number _____

I wish to receive correspondence by email **OR** by post

I wish to be included in the IDA Diary & Membership Directory

FIND-A-DENTIST

I wish to be included in the Find-a-Dentist section of www.dentist.ie

Surgery address _____

Telephone _____

Email _____

Classification: Dental Surgeon Orthodontist Oral Surgeon

Type of Practice: GP Public Dental Surgeon
 Hospital Retired

Practice limited to: _____

Where relevant please complete the following section:

Treatment available at my practice:

Private Treatment PRSI Scheme

Dental Treatment Services Scheme

Please indicate the information you wish to receive from IDA

Branch functions/scientific meetings Public Dental Service/HSE

Scientific Conference Information Membership benefits

Information regarding DTBS Information regarding DTSS

Golf notices Text alerts

Please indicate preferred branch:

Munster North Munster Metropolitan

Eastern North Western Western

North Eastern Midland Kerry

South Eastern

NOTE: Subscriptions are charged on a January - January basis.

New members will be charged pro rata.



OFFICE USE ONLY

Originators reference number: **300024**

Originators reference: (maximum 18 characters)

4. I/we authorise you, until further notice in writing, to charge to my/our account with you, unspecified amounts which may be debited thereto at the instance of the Irish Dental Association Ltd. Payments should be debited:

- yearly (January);
- half-yearly (January and July);
- quarterly (January, April, July and October); or
- monthly (first of every month, concluding October).

Please cancel all previous direct debit instructions in favour of the Irish Dental Association Ltd. I/we will inform the bank in writing if I/we wish to cancel this instruction.

Signature(s) _____

Date _____