IDA
irish dental association

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 general dental practitioners, private practitioners, public dental surgeons, consultants, specialists, hospital dental surgeons and dental students.
Becoming a member of IDA also means you become a member of the Irish Dental Union.
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:
- trade union (IDU);
- professional association;
- representative body;
- scientific society; and,
- a service organisation.

Objectives

The main objectives of the IDA/IDU 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 Professional Development
- Annual Conference & Trade Show
- Seminar for HSE Dental Surgeons
- Journal of the IDA
- CPD Roadshow and Branch/ Regional events
- 24 hour helpline
  - tax protection
  - counselling
  - Commerical legal advice

FINANCIAL
- Credit Union facilities
- Group health insurance scheme
- Exclusive mortgage package
- Competitive motor/home and surgery insurance rates
- Competitive rates for credit/debit card terminals
- Discounted professional indemnity insurance
- Exclusive income protection products

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 including proforma contracts
- IDA Update newsletter/Ezine & Dail Digest
- Access to professional section of www.dentist.ie
- Access to JADA (Journal of American Dental Association)
- Discounted rates for DLT Magazines

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)†*
A1 A2 A3 *Concession 1: Income below €50k (20% Discount)*
A1 A2 A3 *Concession 2: Income below €25k (60% Discount)*
Y1 *First Year in Practice – (General, HSE or Hospital) (from Jan after free new graduate year)*
Y2 *Second Year in Practice (Gen,Hse,Hosp) /Short-term leave (self employed)*
C1 *Consultant*
C1 *Consultant In membership of the IMO/IHCA*
C1 *Consultant Concession 1: Income below €50k (20% Discount)*
C1 *Consultant Concession 2: Income below €25k (60% Discount)*
C2 *Non Consultant Hospital Dental Surgeon*
C2 *Non Consultant Hospital Dental Surgeon Concession 1 Income below €50k (20% Discount)*
C2 *Non Consultant Hospital Dental Surgeon Concession 2: Income below €25k (60% Discount)*
B1 *General/Senior Dental Surgeon and other salaried grades*
B1 Ortho *Principal Dental Surgeon/Specialist in Orthodontic HSE*
B1 *General/Senior Dental Surgeon and other salaried grades Concession 1: Income below €50k (20% Discount)*
B1 *General/Senior Dental Surgeon and other salaried grades Concession 2: Income below €25k (60% Discount)*
E *Life Members (Members with 30 years' membership of the Association, who have attained the age of 65 years – (a once only payment)*
D1 *Retired Members / Post Graduate Students*
D2 *Affiliate Members – Non-ROI practising members*
NG *New Graduates (including Vocational Trainees) Registered with the Dental Council and working in the Republic of Ireland*

† Including specialists employed by the HSE
** Applies only to dental practitioners practising outside the Republic of Ireland.*

Membership Application Form

Surname ______________________________

First name(s) ______________________________

Date of birth ______________________________

Address ______________________________

____

____

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 IDA/IDU now existing or which hereafter may be made. Please visit www.dentist.ie to view the rules for IDA/IDU.

Applicant signature ______________________________

Date ______________________________

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

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Please provide the name of a current IDA member who proposes you for 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

General Dental Practitioners ONLY

DTBS panel number ____________ DTSS panel number ____________

FIND-A-DENTIST

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

Surgery address ______________________________

____

Telephone ______________________________

Email ______________________________

Web ______________________________

Classification: Dental Surgeon ☐ Orthodontist ☐ Oral Surgeon ☐

Type of Practice: GP ☐ HSE 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 (Medical Card) ☐

Please note that you can be member of more than one branch

Please indicate preferred branch:

				Metropolitan	☐
Munster	☐	North Munster	☐	Western	☐
Eastern	☐	North Western	☐	Kerry	☐
North Eastern	☐	Midland	☐	South Eastern	☐

NOTE: Subscriptions are charged on a January – January basis.
New members will be charged pro rata.

If paying by Direct Debit, frequency of Direct Debit.

☐ Monthly ☐ Biannually
☐ Quarterly ☐ Annually

SEPA Direct Debit Mandate

1. Name on the account to be debited.

____

2. Address of Debtor (optional)

____

____

____

____

____

3. Account IBAN: ______________________________

BIC: ______________________________

4. Type of payment:

☐ One-off
☐ Recurrent

Signature(s)______________________________

Date ______________________________

By signing this mandate form, you authorise (A) Irish Dental Association to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Dental Association.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

OFFICE USE ONLY

SEPA Creditor ID: **IE07ZZZ300024**
Credit name and Address:
Irish Dental Association,
Unit 2, Leopardstown Office Park,
Sandyford, Dublin 18.
UMR: ______________________________

PLEASE FORWARD TO:
Irish Dental Association, Unit 2 Leopardstown Office Park, Sandyford, Dublin 18.
Tel: +353 1 295 0072 | Fax: +353 1 295 0092 | Email: info@irishdentalassoc.ie | www.dentist.ie