

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 the IDA automatically makes you a member of the Irish Dental Union (IDU).

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 (CPD)
- ▶ Annual Conference & Trade Show
- ▶ Seminar for HSE Dental Surgeons
- ▶ Hands-on courses
- ▶ Branch meetings
- ▶ Journal of the IDA
- ▶ CPD and Branch/Regional events
- ▶ Compliance – best practice section of website

REPRESENTATION

- ▶ Representation of the profession in negotiations with government and other bodies
- ▶ Representation of individual dentists with employers, PCRS and other agencies
- ▶ Individual advice on employment matters including proforma contracts
- ▶ International dental affairs participation

FINANCIAL

- ▶ Discounted professional indemnity insurance with DPL – saving your entire membership fee
- ▶ Credit Union facilities
- ▶ Competitive motor/home and surgery insurance rates
- ▶ Competitive rates for credit/debit card terminals
- ▶ Exclusive income protection products – Day 1
- ▶ Discounted rates for DLT Magazines

SOCIAL EVENTS

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

OTHER

- ▶ IDA update newsletter and Ezines
- ▶ Access to professional section of www.dentist.ie - Best Practice section
- ▶ Access of JADA (*Journal of American Dental Association*)

Membership Application Form

Surname _____

First name(s) _____

Date of birth _____

Gender ☐ Male ☐ Female

Address _____

Telephone _____

Mobile _____

Email _____

Dental Council Registration number _____

Category of membership _____

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.

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

SEPA Direct Debit Mandate

1. Name on the account to be debited.

2. Address of Debtor (optional)

3. Account IBAN: _____

BIC: _____

4. If paying by Direct Debit, frequency of Direct Debit.

- ☐ Monthly
- ☐ Biannually
- ☐ Quarterly
- ☐ Annually

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

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.

General Dental Practitioners ONLY

Do you yourself hold a DTBS contract (PRSI)

YES ☐

NO ☐

Do you yourself hold a DTSS contract (Medical card)

YES ☐

NO ☐

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 ☐

Specialist Orthodontist ☐

Specialist 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 ☐

North Eastern ☐

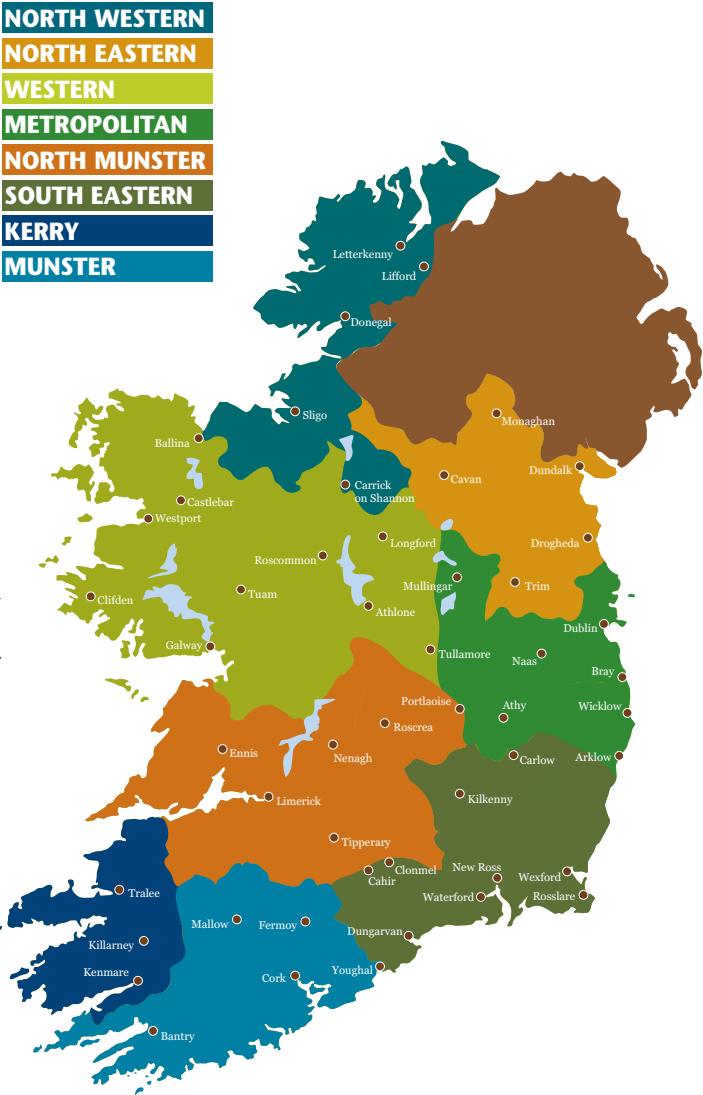
North Western ☐

Kerry ☐

South Eastern ☐

OFFICE USE ONLY

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



PLEASE FORWARD TO:
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Tel: +353 1 295 0072 | Email: cindy@irishdentalassoc.ie | www.dentist.ie