

ALLIANCE MEMBERSHIP APPLICATION

PRACTICE INFORMATION

Title: Mr Mrs Ms Miss Dr Other (Specify):

Surname: Given Name(s):

Practice Name:

Address:

Suburb: State: Post Code:

Preferred contact name at practice:

Phone: () Fax: () Mobile:

Email Address: DENTSPLY Account No:

ADA PLATINUM CREDIT CARD INFORMATION

ADA Platinum Card Number:

Name on Card:

How long have you been a member of the ADA Platinum program?: Expiry Date on Card:

ALLIANCE UPDATES

Would you like to receive regular Alliance Updates via email? Yes No

Preferred email address:

PRIVACY POLICY STATEMENT

The privacy of our clients is of the utmost importance to DENTSPLY (Australia) Pty Ltd. This includes information or opinions about you that we collect and record which reasonably could be used to identify you. We adhere to the National Privacy Principles and the Privacy Act 1988 (Cth).

Further information regarding the DENTSPLY (Australia) Pty Ltd Privacy Policy can be obtained at www.dentsply.com.au

SIGNATURES

Declaration: I declare that the information given on this form is true and correct, and that I am authorized to make this declaration.

I declare that I have read the terms and conditions of this agreement

Signature of applicant: Date:

IN-HOUSE USE ONLY

DENTSPLY Contact Name: TM Code:

Alliance Account Code: Alliance Tier:

Approval (Regional Manager):

Approval (Director or General Manager):