

Organisation Name:

Organization Website:

Membership Category: (see point 2 below)

APPLICATION FORM



The application shall be completed by the Head, President or an authorised representative of the Association/Society/Organisation/Industry.

Organization Social Media Handle:						
Author	ized Organisatio	on Representa	ntive Details an	d Main Point	of Contact	
Prefix ✓ :	Mr.	Mrs.	Ms.	Dr.	Prof.	
First Name:						
Middle Name:			La	ast Name:		
Age√:	15 - 24	25 - 34	35 - 44	45 - 54	54 - 64	65+
Nationality:						
lob Title:						
Геl:						
Mobile:						
E-mail:						
Address:						
P.O. Box:			7	ip (Postal Code) •	
Country:			_	, (, .	
The applicant is requapplicable for the follo	uested to provide owing categories:	the current r				vhere
The applicant is requapplicable for the follo	uested to provide owing categories:			in your respe		vhere
The applicant is requapplicable for the follocategory Dentist	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the follow Category Dentist Dental Assistant	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the follow Category Dentist Dental Assistant Dental Hygienist	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the follow Category Dentist Dental Assistant Dental Hygienist Dental Technicia	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the followant of the	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the follow Category Dentist Dental Assistant Dental Hygienist Dental Technicia	owing categories:		no. of members	in your respe	ective organisation v	vhere
The applicant is requapplicable for the followant of the	owing categories:		no. of members	in your respe	ective organisation v	vhere
Dental Assistant Dental Hygienist Dental Student Dental School/U	owing categories:	Org	no. of members	in your respe	ective organisation v	
The applicant is requapplicable for the followant of the	owing categories:	Org	no. of members	in your respe	cctive organisation v	
The applicant is requapplicable for the followant of the	owing categories:	Org	anisation Statis	in your respe	cctive organisation v	



APPLICATION FORM



1. Introduction

Global Scientific Dental Alliance (GSDA) Definition:

GSDA is a non-political gathering of organisations and individuals committed to the promotion of oral health education through dialogue and networking. GSDA members are from all regions of the globe.

Goals:

GDSA aims to facilitate exchange of ideas and information related to the continuing dental education programs and tackles oral healthcare updates and developments.

Objectives:

- To highlight scientific issues and make recommendations.
- To promote and advance the oral healthcare to the global dental community.
- To foster continuing dental education to dental professionals through the support of the alliance.
- To increase dental networks with a common interest in dental education and health.
- To strengthen the cooperation amongst the dental associations, societies, organisations and global dental industry.

2. Membership and Categories

Official National

- 1) Dental Associations/Societies
- 2) Ministry of Health or Department of Health

Associate Members

1) Dental Organisations (e.g. FDI, IADR), Universities/Academies/Meetings/Publications.

Industry Members

1) Companies may apply for membership. Attendance at the GSDA meeting is required to be at Director and or Scientific Research & Development capacity.

Observer Status:

Individuals on application will be considered for the meeting attendance on an annual basis.

Membership Term:

Term roles renew annually after the initial application is approved. GSDA Membership will be registered under the name of the Organisation. Members are required to provide statistical update annually and advise the GSDA Team of attendance at the GSDA meeting no later than the 10th of January. If members are unable to attend, membership will remain.

Members may withdraw membership at any time in writing. The GSDA Executive has the right to terminate membership at its own discretion.

Entitlements:

Each Organisation is provided two seats in the GSDA meeting as nominated by the member organisation.

Membership Criteria:

Application approval is provided by the GSDA Secretariat.