MEMBERSHIP APPLICATION FORM

NAME ……MR/MRS/MISS/MS

ADDRESS .....

…….. POST CODE …….

EMAIL ADDRESS ……..

CONTACT NO …… GDC NO: ……

Annual Full Membership:	**£70.00**
Newly Qualified Dental Therapist :	**£35.00 for the first year**
Dental Therapist no longer on GDC Register:	**£35.00**
Associate Member:	**£70.00**
Overseas Member:	**£70.00**

I am a new member ( )

Renewing my membership ( )

Associate member ( )
(please circle)

Dental Hygienist/Dental Nurse/Dentist/Dental Technician/Clinical Technician/Orthodontic Therapist

I wish to be allocated the following region:

Scotland ( ) Yorkshire ( ) North West ( ) Midlands ( ) East Anglia( ) London ( )
South West ( ) South Wales ( ) Ireland ( )

I have paid £ …… online with World Pay I. Number ……Date Paid ……..

I enclose a cheque for £…… made payable to BADT

Signature …….. Date ……..

Please send to:

Denise Creasey
Treasurer BADT
29 Shaw Lane
Headingley
Leeds LS64DH

For Official Use Only

Cheque ( ) World Pay( ) Database ( )
New Members Pack/Constitution ( )
Who's Who ( )
Membership Card ( )

Membership No: …….