

**MEMBERSHIP APPLICATION FORM**

NAME ..... MR/MRS/MISS/MS

ADDRESS .....

..... POST CODE .....

EMAIL ADDRESS .....

CONTACT NO ..... YEAR QUALIFIED .....

TRAINING SCHOOL ..... GDC NO: .....

Annual Full Membership:	£60.00
Newly Qualified Dental Therapist :	£30.00 for the first year
Dental Therapist no longer on GDC Register:	£30.00
Associate Member:	£60.00

I wish to apply for membership.

I am a new member ( )

Renewing my membership ( )

Associate member ( )

please circle:

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

I enclose a cheque for the sum of £..... made payable to BADT.

Signature ..... Date .....

Please send to:

Denise Creasey  
Treasurer BADT  
29 Shaw Lane  
Headingley  
Leeds LS64DH

<b>For Official Use Only</b>
Cheque ( ) Database ( )
New Members Pack/Constitution ( )
Who's Who ( )
Membership Card ( )
Membership No: .....