

MEMBERSHIP APPLICATION FORM

NAMEMR/MRS/MISS/MS

ADDRESS

..... POST CODE

EMAIL ADDRESS

CONTACT NO 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
Overseas Member:	£60.00

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. NumberDate Paid

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

Signature Date

For Official Use Only
Cheque () World Pay() Database ()
New Members Pack/Constitution ()
Who's Who ()
Membership Card ()
Membership No:

Please send to:

Denise Creasey
Treasurer BADT
29 Shaw Lane
Headingley
Leeds LS64DH