



APPLICATION FOR MEMBERSHIP Full Member - Clinical

Members pay the pro-rata amount according to the month of application (see below).
Annual Membership is then payable in January.

JOINING SUBSCRIPTION PERIODS FOR 2012

January-April **£234.00** May-August **£156.00** September-December **£78.00**

FIRST NAME _____ SURNAME _____

TITLE Prof/Dr/Mr/Mrs/Miss/Ms (delete as applicable) Female Male

QUALIFICATIONS _____

_____ GDC Number _____

DO YOU CURRENTLY PROVIDE DENTAL IMPLANT TREATMENT? YES NO

NAME OF HOSPITAL/PRACTICE (delete as applicable) _____

WORK ADDRESS _____

_____ POSTCODE _____

WORK TEL _____ FAX _____

WEBSITE _____

EMAIL _____ ACCEPT MAILINGS FROM THE ADI YES NO

MAILING ADDRESS (if different from above) _____

PLACE & DATE OF BIRTH _____

HOW DID YOU HEAR ABOUT THE ADI? _____

PAYMENT

Membership cannot be processed until payment is processed.

Method of payment is by DIRECT DEBIT. Please complete Direct Debit Mandate and forward to office for processing.

SIGNATURE _____ DATE _____