



**APPLICATION FOR MEMBERSHIP**  
**Full Member - Clinical - Overseas**

Full 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 2010**  
January-April **£222.00** May-August **£148.00** September-December **£74.00**

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

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

QUALIFICATIONS \_\_\_\_\_

\_\_\_\_\_ National Dental Body \_\_\_\_\_

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**

Payment is by cheque in UK Sterling (made payable to 'ADI') or by credit card (AMEX not accepted).

Name as it appears on Card \_\_\_\_\_ Email \_\_\_\_\_

Address to which Card is registered \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Card No. \_\_\_\_\_ Amount £ \_\_\_\_\_

Expiry Date \_\_\_\_\_ Issue No / Start Date \_\_\_\_\_ 3-digit code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_