



APPLICATION FOR MEMBERSHIP
Full Member - Clinical - Overseas

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 _____

_____ 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 _____