



The Association of Dental Implantology UK  
**APPLICATION FOR MEMBERSHIP**  
**Associate Member – Hygienist/Dental Therapist**

**Annual Fee is £105.00**

Associate membership fee is payable annually on anniversary of joining date.

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

QUALIFICATION(S) \_\_\_\_\_ GDC NUMBER \_\_\_\_\_

TITLE /Mr/Mrs/Miss/Ms (delete as applicable)

ADDRESS

\_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TEL \_\_\_\_\_ WEBSITE \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCEPT MAILINGS FROM THE ADI YES  NO

ADDRESS (for mailings if different from above) \_\_\_\_\_

\_\_\_\_\_

PLACE & DATE OF BIRTH \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE ADI? \_\_\_\_\_

**PAYMENT**

Membership cannot be processed until payment is processed.

**Our preferred method of payment is by DIRECT DEBIT. Please complete Direct Debit Mandate and forward to office for processing.**

Cheques should be made payable to the “ADI” and enclosed with Application or pay by Credit Card completing details below. Membership cannot be processed until payment is made.

Credit Card No. \_\_\_\_\_ Amount £ \_\_\_\_\_  
(all cards except Amex)

Expiry Date \_\_\_\_\_ Issue & Start Date if Switch \_\_\_\_\_ 3-digit security code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_