



APPLICATION FOR MEMBERSHIP
Dental Hygienist/Dental Therapist

Annual Fee is £105.00

Membership fee is payable annually on anniversary of joining date.

FIRST NAME _____ SURNAME _____

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

OCCUPATION _____

QUALIFICATIONS _____ GDC Number _____

NAME OF PRACTICE _____

ADDRESS _____

_____ POSTCODE _____

WORK TEL _____ FAX _____

WEBSITE _____

EMAIL _____

ACCEPT MAILINGS FROM THE ADI YES NO

MAILING 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.

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

Please also ensure to sign and return the Gift Aid Form.

SIGNATURE _____ DATE _____



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and post to:

Association of Dental Implantology Ltd
98 South Worple Way
London
SW14 8ND

4 1 3 2 9 4

Reference

A D I

Name(s) of Account Holder(s)

Two empty lines for account holder name.

Bank/Building Society account number

Eight empty boxes for account number.

Branch Sort Code

Six empty boxes for branch sort code.

Name and full postal address of your Bank/Building Society

Bank/Building Society
Address
Postcode

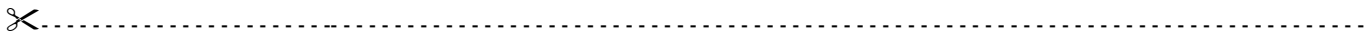
Instruction to your Bank/Building Society

Please pay Association of Dental Implantology Ltd. Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Association of Dental Implantology Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
ADI Member Name
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank/Building Society.
- If the amounts to be paid or the payment dates change Association of Dental Implantology Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Association of Dental Implantology Ltd or your Bank /Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank /Building Society. Please also send a copy of your letter to us.

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GIFT AID DECLARATION

I would like to make a donation to the Association of Dental Implantology UK using Gift Aid.

Title.....

Forename(s).....

Surname.....

Address.....

.....

.....Postcode.....

Signature.....Date.....

I would like to Gift Aid all donations to the Association of Dental Implantology UK from the date of declaration until I notify you otherwise.

To qualify for Gift Aid, what you pay in UK income tax or capital gains tax must at least equal the amount the charity will claim in the tax year.

Please complete and return this form to:
Association of Dental Implantology UK, 98 South Worple Way, London, SW14 8ND

Registered Charity Number: 800238