



APPLICATION FOR MEMBERSHIP
Dental Hygienist/Dental Therapist

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 £37.00 May-August £25.00 September-December £12.00

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.

SIGNATURE DATE