



The Association of Dental Implantology UK
APPLICATION FOR MEMBERSHIP
Associate Member – Nurse

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)

NAME OF PRACTICE

ADDRESS

POSTCODE _____

WORK 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.

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

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

SIGNATURE _____ DATE _____