



APPLICATION FOR MEMBERSHIP
Student/VDP/FD/DF1/DF2 Member

Membership is free*

* Proof in form of a letter of full-time study / vocational training must be submitted with the application form in order for the application to be processed.

FIRST NAME _____ SURNAME _____

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

MEMBERSHIP CATEGORY (please tick) Student VDP FD DF1 DF2

QUALIFICATIONS _____ GDC Number _____

PLACE OF STUDY/VOCATIONAL TRAINING _____

DATE STUDY/VOCATIONAL TRAINING TO BE COMPLETED _____

ADDRESS OF PLACE OF STUDY/VOCATIONAL TRAINING _____

_____ POSTCODE _____

PLACE OF STUDY/VOCATIONAL TRAINING TEL _____ WEB _____

APPLICANT'S TEL _____ APPLICANT'S EMAIL _____

ACCEPT MAILINGS FROM THE ADI YES NO

Please note that the primary method of contact for correspondence will be by email.

MAILING ADDRESS (for mailings if different from above) _____

PLACE & DATE OF BIRTH _____

HOW DID YOU HEAR ABOUT THE ADI? _____

SIGNATURE _____ DATE _____