



The Association of Dental Implantology UK  
APPLICATION FOR MEMBERSHIP  
**Associate Member – Full Time Student**

**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 UNIVERSITY  
\_\_\_\_\_

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? \_\_\_\_\_

**Please note that proof of full time education must be included when submitting application form.**

**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 \_\_\_\_\_