



**APPLICATION FOR MEMBERSHIP
Full Time Student Member**

Annual Fee is £105.00

Membership fee is payable annually on anniversary of joining date.
Proof of full time study of enrolment 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

QUALIFICATIONS _____ GDC Number _____

PLACE OF STUDY _____

DATE STUDY TO BE COMPLETED _____

ADDRESS OF PLACE OF STUDY _____

_____ POSTCODE _____

PLACE OF STUDY TEL _____ WEB _____

APPLICANT'S TEL _____ APPLICANT'S 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 confirmed 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 _____