



APPLICATION FOR MEMBERSHIP
Full Member - Technical

Full 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 2010

January-April **£222.00** May-August **£148.00** September-December **£74.00**

FIRST NAME _____ SURNAME _____
(Proprietor or primary contact)

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

QUALIFICATIONS _____
_____ GDC Number _____

Number of Technicians employed: 1-9 10-24 25-49 50 and more

Please list the names of technicians from the lab that may attend ADI events _____

NAME OF LABORATORY _____

ADDRESS _____

_____ POSTCODE _____

WORK TEL _____ FAX _____

WEBSITE _____

EMAIL _____ ACCEPT MAILINGS FROM THE ADI YES NO

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.

Please also ensure to sign and return the Gift Aid Form.

SIGNATURE _____ DATE _____