



**UNLOCKING BARRIERS TO CARE**  
**APPLICATION FORM FOR MEMBERSHIP**

<b>PERSONAL DETAILS</b>	<b>Please complete in BLOCK CAPITALS</b>
Name(Mr/Mrs/Miss/Ms/Title)	
Qualifications	
Address	
Postcode	
Telephone numbers <i>Home</i> <i>Work</i> <i>e-mail</i>	
Nature of professional Work e.g. Community, Hospital, Practice	
<b>How did you find out about BSDH?</b>	

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

This form should normally be accompanied by the Membership fee of £50 for practising dentists or £25 for all others. Administration of the Society is much easier if this is paid by Standing Order. Forms are available from the Society's web site or from the Membership Secretary at the address below.

**PLEASE RETURN COMPLETED FORM TO:**

**Sue Hilton**  
**38, Torr Rise**  
**Taporley**  
**Cheshire**  
**CW6 0UE**



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**STANDING ORDER**

Please pay: THE ROYAL BANK OF SCOTLAND, LEEDS EAST PARADE BRANCH, 30, EAST PARADE, LEEDS, LS1 5PS, Branch number 16-23-17,

the sum of £25 / £50 (twenty five pounds / fifty pounds) *(delete as appropriate)*

to credit British Society for Disability and Oral Health , Account number 11259483, commencing 3rd October 2006 *(or insert current year)* and make similar payments annually until this payment is cancelled.

**BANK ACCOUNT DETAILS**

Account Name(s) \_\_\_\_\_

Sort Code \_\_\_\_\_ Account No \_\_\_\_\_

Please enter the name of your bank with full postal address in the box below, IN BLOCK CAPITALS:

**The Manager**

Bank Tel No \_\_\_\_\_

**PERSONAL DETAILS**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE **CANCEL** ANY PREVIOUS STANDING ORDER PAYABLE TO THE SOCIETY

PLEASE DO NOT RETURN THIS FORM DIRECT TO YOUR BANK

RETURN TO:

Sue Hilton  
38, Torr Rise  
Taporley  
Cheshire  
CW6 0UE