



UNLOCKING BARRIERS TO CARE

APPLICATION FORM FOR MEMBERSHIP

PERSONAL DETAILS	Please complete in BLOCK CAPITALS
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	
How did you find out about BSDH?	

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:

Michelle Slater
21 Nansen Road
Gatley
Cheshire SK8 4JL



UNLOCKING BARRIERS TO CARE

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 2010 *(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: Michelle Slater
21, Nansen Road
Gatley
Cheshire
SK84JL