Membership Application/Renewal Form

New/amended name and address:

Telephone number ……...

Fax number ……...

Email address at which we are authorized to contact you:

……..

I would like to apply for/renew membership of the BVDA.

Please indicate membership type (annual subscription in brackets):

Full membership (£60) ☐

Practice membership* (£75) ☐

Nurse/Technician membership (£50) ☐

Student membership (£20) ☐

Please make cheques payable to BVDA.

We will not be issuing receipts unless specifically requested. This form constitutes a receipt.

I would like to resign from the BVDA. Please remove my details from the mailing list. ☐

If any of your personal details, shown above, are incorrect please indicate any changes or amendments in the space provided.

…… …… ……

Signature Full Name Date

* Practice membership includes one copy of all mailings (incl. journals) and two reduced rate registrations at the Scientific Meeting and at B.V.D.A. run courses. All other membership categories include one copy of all mailings (incl. journals) and one reduced rate registration at the Scientific Meeting and at B.V.D.A. run courses

Please return completed form and your payment to:

Helen Hyde B.D.S.
B.V.D.A. Treasurer,
Overcote House,
18 High Street,
Over,
Cambridge, CB4 5ND
Telephone 01954 204474
Email helen.hyde@ntlworld.com

For official use

Payment received ☐ Date Cq No.

Database amended ☐ Date