



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 (£90 – UK, £110 Overseas)
- Practice membership* (£120)
- Nurse/Technician membership (£50)
- Student membership (£30)
- Recent Graduate (less than 5 years) (£70)

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.

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 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 the address below. Alternatively you can pay using **PayPal**
 You can also pay directly into our bank account at the Natwest Bank, Sort Code 54-10-17, Account Number 01024930

Helen Hyde B.D.S. B.V.D.A. Treasurer,
 Overcote House, 18 High Street,
 Over, Cambridge, CB24 5ND
 Telephone: 01954 204474
 Email: helen.hyde@ntlworld.com

For official use

Payment received	<input type="checkbox"/>	Date	Cq No.
Database amended	<input type="checkbox"/>	Date	