

New Member Application Form



Please return your completed form and payment details/cheque to:
BSDHT, First Floor, 10-12 Albert Street, Rugby, Warwickshire, CV21 2RS

Please use **BLOCK CAPITALS**

Application for (please select one of the following options):

| | | | |
|--------------------------|--|---|---|
| <input type="checkbox"/> | Full Membership | £113.00 | This is available to anyone who is GDC registered as a dental hygienist or dental therapist. Full access to all Member Benefits including voting rights. |
| <input type="checkbox"/> | Newly Qualified Membership <i>(terms apply)</i> | £56.50 | Available to graduates registered with the GDC registered as a dental hygienist or dental therapist no more than 3 years prior to membership application date . Full access to all Member Benefits including voting rights. |
| <input type="checkbox"/> | Student Membership | FREE* for the duration of your training. | To qualify for free student membership you must be in full time education, studying for a Diploma in Dental Hygiene, Dental Hygiene & Therapy or BSc in Oral Health Science, and live in the UK. <i>*(one-off £10 admin fee applies).</i> |
| <input type="checkbox"/> | Overseas Subscriber | £156.00 | Access to Dental Health and the ACJ's for colleagues who are based outside Europe |
| <input type="checkbox"/> | Associate Membership | £113.00 | Any person who demonstrates an interest in the welfare of the dental hygiene or dental therapy profession and who is approved and permitted as a Member by an Ordinary Resolution of the Council. Associate Membership shall confer all the privileges of membership of the Society appropriate to Associate Members. |

About you:

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|---|---|---|
| Title <small>(Mr/Mrs/Miss/Other)</small> | First Name(s): | Surname: |
| Address: | | |
| Town: | Postcode: | |
| Mobile No. | Landline: | |
| Email: | DoB: | |
| GDC No. | Which University / Dental School did you train at? | |
| Qualification: | Dental Hygienist Dental Hygienist/Dental Therapist | When did you Qualify? (Month) (Year) |

I hereby confirm that I wish to apply for BSDHT Membership:

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Payment Method (select one of the options below):

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|--------------------------|---------------------------------|--|
| <input type="checkbox"/> | Direct Debit (Annual / Monthly) | Please complete separate Direct Debit Mandate and submit both original forms |
| <input type="checkbox"/> | Cheque | Payable to BSDHT (post along with this form to BSDHT - address above) |
| <input type="checkbox"/> | Debit / Credit Card | Complete card details below ↓ |

Card Number :

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Start Date:

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Expiry Date:

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Security code:

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Name on Card:

Signature:

Important: BSDHT Membership is non-refundable. If you subsequently take out BSDHT Indemnity, you MUST be a current member of BSDHT and remain a member for the duration of the policy. This is an explicit condition of the Indemnity Policy.