



**Association of
Dental Anaesthetists**

ASSOCIATION OF DENTAL ANAESTHETISTS

21 Portland Place

London

W1B 1PY

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www.dentalanaesthesia.org.uk

Application for Membership

APPLICATION TYPE: New membership Updating existing membership
(Please tick as appropriate)

Title:
(The Association will use the title "Dr" unless you indicate otherwise)

Surname: **First Name:**

Qualification(s):

Job Title:

Work Address:
.....
.....

Post Code:

Home Address:
.....
.....

Post Code:

Preferred Contact Number:

Preferred E-mail address:

Subscription rate: £30 per annum

The annual subscription is paid by Direct Debit and collected in April every year

Signature of Applicant:

Please return this completed registration form together with your direct debit mandate to

**Association of Dental Anaesthetists
21 Portland Place
London
W1B 1PY**

**OR RETURN FORM BY EMAIL TO:
ada@anaesthetists.org**