



Association of
Dental Anaesthetists

ASSOCIATION OF DENTAL ANAESTHETISTS

21 Portland Place
London
W1B 1PY
0207 631 8898

www.dentalanaesthetists.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

Membership cancellation

Membership will be continued annually on the renewal date (1 April) unless a written cancellation (via email or letter) is received by the [membership team](#).

You may cancel your membership by notifying the [membership team](#) in writing (by letter or email). The Association requires at least one month's notice for membership cancellations. The notice period will be calculated from the point of receipt of the cancellation instruction by the membership team. The Association aims to acknowledge membership cancellations within one week of receipt of notice. If you have not received a response within two weeks of your written cancellation, you should contact the [membership team](#) to ensure your cancellation has been received.



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If you pay for your membership by direct debit payments and you wish to cancel your membership, you must cancel the direct debit instruction and the instruction will be cancelled from the effective date of the expiry of the membership term and no further payments will be taken, providing that no outstanding amounts were owed.

You can cancel your direct debit at any time by contacting your bank or building society. However, cancelling your direct debit does not end any contract with us. If you decide to cancel your membership by cancelling your direct debit instruction, please contact the membership team as soon as possible so we are aware of the cancellation.

On cancellation the benefits/services of the membership package will cease. You will not be entitled to the benefits of any part of the package to be provided or fulfilled after the date of cancellation.

Read and agreed by Applicant

Signature of Applicant:

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

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