



Dental Nursing:
A New Beginning

Associate Membership Application Form

Associate Membership

Student Associate Membership

Retired Associate Membership

Overseas Associate Membership

Honorary Associate Membership

British Association of Dental Nurses
PO Box 4, Room 200, Hillhouse International Business Centre,
Thornton-Cleveleys, Lancashire, FY5 4QD
Telephone 01253 338360 www.badn.org.uk

British Association of Dental Nurses

(In order to ensure that our records are as up to date as possible, please complete in full in black ink using block capitals).

Sections marked * must be completed.

Associate Membership application form

* Mr/Mrs/Miss/Ms LAST NAME

* FIRST NAME(s)
(please underline name by which you are commonly known)

* FORMER NAMES (if applicable)

* ADDRESS

POST CODE

* DAY TIME CONTACT TELEPHONE No.

* E MAIL ADDRESS @ * DATE OF BIRTH

* I wish to apply for: (tick box)

- Associate Membership - £40**
Open to those no longer working in dental nursing
- Student Associate Membership - £30**
Open to student dental nurses enrolled on an approved training course (proof of enrolment required).
- Retired Associate Membership - £25**
Open to retired dental nurses
- Overseas Associate Member - £45**
Open to those working outside the UK (not the Isle of Man or Channel Isles).
- Honorary Associate Membership - £65**
Open to other members of the dental team

PLEASE NOTE:

All the above forms of Associate Membership offer all the benefits of BADN membership EXCEPT the professional indemnity insurance. Associate Members also may not vote, nor hold office. Registered Dental Nurses applying for Full Membership may do so on line at www.badn.org.uk

I agree to abide by the Rules and Constitution of the Association and to return my membership badge should I cease to be a member.

* Signature

Date



* PAYMENT METHOD I wish to pay £ (sterling)



- annually by:
- Cheque (made payable to BADN)
- Credit/Debit card
- Annual Direct Debit (please complete enclosed DD form and return with this application form)

Date.....

£

The BADN does not sell its membership lists to commercial concerns. However, we do make names and addresses of members available for members-only offers (eg the BADN credit card). If you do not wish to receive these details, please tick this box

  I wish to pay by Visa / Master / Debit Card; please charge my account.
My card number is (13 or 16 digits)

  Signature

Expiry date /

Name (on card)

Last 3 digits on back of card. If applicable: Issue No. Valid from

Security Code

British Association of Dental Nurses

P O Box 4 Room 200 Hillhouse International Business Centre Thornton-Cleveleys Lancashire FY5 4QD. Tel. 01253 338360 Fax 01253 865474
www.badn.org.uk membership@badn.org.uk

Instruction to your Bank or Building Society to pay by Direct Debit

Chief Executive:
PAMELA A SWAIN
MBA, LCGI, FIAM, MCM

Please fill in the whole form using a ball point pen and block capitals and send it to:

British Association of Dental Nurses
PO Box 4, Room 200
Hillhouse International Business Centre
Thornton-Cleveleys
Lancashire, FY5 4QD



Originator's Identification Number

9 0 9 4 8 9

Name(s) of Account Holder(s)

Reference Number

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Post Code

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change BADN will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by BADN or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.