Dental Nursing:
A New Beginning

Student Associate e-Membership Application Form

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

Student Associate e-Membership application form

(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.

* 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)

☐ **Student Associate e-Membership** - £10
Open to student dental nurses enrolled on an approved training course (proof of enrolment required).

☐ **Membership Badge** - £5

I agree to abide by the Rules and Constitution of the Association.

* 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. 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.
Security Code .....

If applicable:
Issue No. ..... Valid from .....

British Association of Dental Nurses

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

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

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

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

DIRECT Debit

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

Instruction to your Bank or Building Society

Please pay BADN Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.
I understand that this instruction may remain with BADN and, if so, details will be passed electronically to my Bank/ Building Society.

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

DIRECT Debit

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit BADN will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request BADN to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by BADN or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when BADN asks you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.