



British Association of Dental Nurses

The Professional Association for Dental Nurses in the UK

Membership Application Form

Without Insurance Cover

British Association of Dental Nurses

(please complete the form in full in back ink using block capitals)

Sections marked * must be completed

Membership Application Form

Without Insurance Cover

*Title: Mr Mrs Miss Ms

*Last Name: _____

*First Name(s): _____

(underline name by which you are commonly known)

Former Names: _____

(if applicable)

*Date of Birth: _____

*Address: _____

POST CODE: _____

Home Number: _____

*Mobile Number: _____

*E-mail address: _____

*I wish to apply for:

(Tick the appropriate box)

- | | |
|---|--------|
| <input type="checkbox"/> Full Membership
More than 20 hours per week | £50.00 |
| <input type="checkbox"/> Full Membership
20 hours or less per week | £44.00 |
| <input type="checkbox"/> Student Associate e-Membership
Open to student dental nurses enrolled or awaiting placement on an approved training course | £10.00 |
| <input type="checkbox"/> Associate Membership
Open to those no longer working in dental nursing industry | £40.00 |
| <input type="checkbox"/> Retired Associate Membership
Open to retired dental nurses | £25.00 |
| <input type="checkbox"/> Overseas Associate Membership
Open to those working outside of UK (Exc. Isle of Man or Channel Isles) | £45.00 |

By completing and returning this form, I hereby agree to BADN contacting me with news, updates, invitations, offers etc. If you do not wish to be included in our emailing list, please tick this box:

British Association of Dental Nurses

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Declaration Statement

You have applied for BADN Membership **WITHOUT** insurance cover. This means you are **NOT** covered by the BADN Indemnity Scheme and **MUST** have other arrangements for insurance cover in place if you're a Registered Dental Nurse as per General Dental Council requirements.

Please sign below declaration to confirm you have read and understood the above statement.

I, confirm that I read the above statement and understand I will not be covered by the BADN Indemnity Scheme. I understand it is my responsibility to arrange adequate cover with another provider, if applicable.

I hereby agree to abide by the Rules and Constitution of the BADN.





* Signature.....

Date.....

* **Payment Method** (please tick appropriate option)

Cheque (made payable to BADN)

Credit/Debit Card

		I wish to pay by Visa/Master/Debit Card; please charge my account.	
		My card number is (13 or 16 digits)	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
Signature		Expiry Date	
<input type="text"/>			
Name (as displayed on card)			
<input type="text"/>			
Last 3 digits on back of card		If applicable:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Security Code	Issue No	Valid From	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Important Information

1. BADN reserves the right to withdraw any application without given reason.
2. BADN membership is non-refundable, however, if you took out a membership with indemnity - you may be eligible for indemnity refund only at pro-rata basis.
3. If you took out a membership with indemnity - only indemnity refund can be claimed back at pro-rata basis.
4. BADN reserves the right to amend the prices of the membership as and when deemed necessary following changes in Inflation and/or Insurance Premium Tax (IPT) set out by the Government. Customers will be informed of the changes and awaiting approval prior to the payment being processed.
5. All memberships options and Student e-Membership offer all the benefits of BADN membership except the professional indemnity insurance.
6. Associate Members, Retired Associate Members and Overseas Associate Members may not vote, nor hold office.
7. Cheque payments are to be sent with the application form and made payable to BADN.
8. BADN membership will become active once the payment has cleared.
9. BADN accepts no responsibility for any delays in processing the application due to other factors such as office closures, delays in mail delivery, etc.
10. Data Protection Act – All personal information supplied by you will be treated in confidence by the British Association of Dental Nurses and will only be disclosed to any third parties to the extent required to enable us to provide our services to you. To provide you with products and services this information will be held in the data systems of the British Association of Dental Nurses.