

# Application Form

Membership category required (please tick)     Licentiate     Associate     Student

Please complete the form, print it out, sign it and return with copies of qualifications

## PERSONAL DETAILS

Title ..... First Name(s) ..... Surname .....  
Address ..... Phone .....  
..... Email .....  
..... Postcode ..... Date of Birth .....

## PROFESSIONAL DETAILS

Details of qualifications held (including date) of Degree or Professional Qualifications (please enclose copies of Certificates).  
.....  
.....  
.....

GDC number .....

Present appointment, include company name & address  
.....  
.....  
.....

Details of present duties & responsibilities  
.....  
.....  
.....

## Past appointments (in chronological order)

Date	Employer	Position Held
.....	.....	.....
.....	.....	.....
.....	.....	.....

## COURSE DETAILS (to be completed by Associate or Student Associate applicants only)

Current Course of Study .....  
Venue .....  
Probable Date of Completion .....  
Qualification on completion.....  
Tutor's Name ..... Signature .....

*Continued over*

For applicants to the SURGICAL SECTION this form should be countersigned by a Surgeon who is in a position to certify as to the applicant's technical knowledge or ability.

Signed ..... Position .....

Address .....

**FEES**

Current fees (2011). An invoice for the applicable amount will be issued following successful application:

Fellow / Licentiate / Associate £72                      Student £28                      Life Member £22

Where did you hear of BIDST ?

Recommendation     Lecture Programme     Website     Other .....

**DECLARATION**

I confirm to the best of my knowledge that the information given is correct. I understand that my membership shall be conditional upon abiding by The Institute's Code of Professional Conduct.

Signed ..... Date .....

**FOR OFFICIAL USE ONLY**

**PROPOSAL**

This form should be signed by a proposer and seconder who MUST be Licentiates or Fellows of the Institute.

Proposer ..... Signature .....

Seconder..... Signature .....

Received by office on..... Received by membership committee on .....

Proposer and Seconder checked by .....

Degrees and Certificates checked by.....

Comments. ....

.....

.....

Approved for Grade of     Licentiate             Associate             Student

Date ..... Signed ..... Membership number .....

Rejected by ..... Date.....

Comments. ....