



**APPLICATION FOR MEMBERSHIP
for use of SHOs only**

NOMINATION FORM

I wish to apply for membership of the British Orthodontic Society.

I understand that authority of membership rests with the Board of Trustees of the British Orthodontic Society.

Name of Applicant.....

Nominated by.....

BOS Membership Number.....

Signature of nominator.....

Seconded by

BOS Membership Number.....

Signature of seconder.....

Signature of applicant.....

I understand that as a member of BOS I will not misrepresent the Society or bring it into disrepute.

Date.....

British Orthodontic Society

Registered Charity No. 1073464

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS PLEASE

Title Mr Mrs Miss Dr	Gender Male Female
Family name	
Forenames	
Address for all correspondence (please indicate if work or home)	
Town / City	
County	
Postcode	
Telephone	Mobile
Fax	Email

Additional Addresses

Address 2	
Please indicate if home or work	
Town/City	
County	
Postcode	Telephone
Fax	Email

Address 3	
Please indicate if home or work	
Town/City	
County	
Postcode	Telephone
Fax	Email

Address 4	
Please indicate if home or work	
Town/City	
County	
Postcode	Telephone
Fax	Email

Qualifications (with years please)
GDC registration number

Please enclose a cheque made payable to "British Orthodontic Society" to cover the 2012 subscription. Please note that membership runs from January to December each year.

A Direct Debit Mandate is provided for future subscriptions which will be collected annually—please enclose this form with your application in order to receive the discounted rate for direct debit payment in subsequent years.

Your application for membership will be put before the Board and your cheque will not be cashed until approval to your nomination has been given.

SOCIETY MEMBERSHIP

SOCIETY MEMBERSHIP CATEGORY	SUBSCRIPTION	TICK
Associate Member of TGG	£165	[]

The information requested below is for statistical analysis only. The date is of great importance in assisting the Society and profession in strategic planning. It will be held in a confidential file and will not be used in a way that can be linked to an individual.

Date of Birth: D D M M Y Y

Gender: Male Female

What is your current position:

Number of years in current position:

When do you anticipate applying to do orthodontics: Earliest Year

Latest Year

Thank you for providing this important information