

# APPLICATION FOR STUDENT MEMBERSHIP

Please use **BLOCK CAPITALS** and **BLACK INK**

**DATA PROTECTION ACT:** If you do not wish your name to be included in commercial mailings, please tick



## Personal Details

Title \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth      /      /      Sex:    Male       Female

Address for correspondence  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

## Professional Details

Sphere of work (tick as appropriate)

Commercial Laboratory

Name of laboratory: \_\_\_\_\_

Community

Hospital

Laboratory postcode: \_\_\_\_\_

Training Establishment

Laboratory telephone: \_\_\_\_\_

Armed Forces

## For office use only

Membership No. \_\_\_\_\_

## College Details

Please state name and address of college

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Current year of study:

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Signature of Tutor

Date

/ /

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Name of tutor (please print):

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Target end date for the student's registrable qualification:

/ /

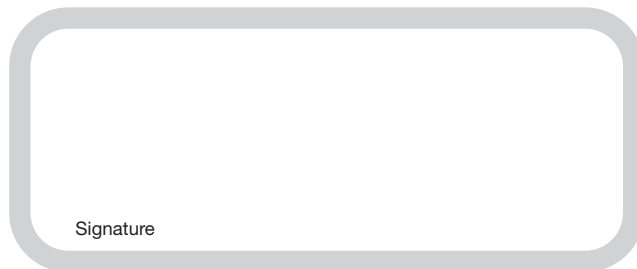
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Please send your completed form to:-

**Dental Technologists Association**  
**3 Kestrel Court**  
**Waterwells Drive**  
**Waterwells Business Park**  
**Gloucester**  
**GL2 2AT**

## DECLARATION

I hereby apply for student membership of the Dental Technologists Association



Signature

Date

/ /

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