

## East of Scotland Branch

### Membership Application 2007-2008

Membership includes the subscription for the *International Journal of Paediatric Dentistry* which is dispatched by post six times a year.

\*Please ring as appropriate:

Surname: ..... Forename: .....

Title: \*Professor Dr. Mr. Mrs. Miss Ms. GDC No: .....

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.....

Postcode: .....

Home Tel: ..... Daytime tel: .....

Fax No: ..... Email: .....

I wish to take out: **Full membership: £25.00 / \* Associate Membership: £15.00**

\*N.B. Associate membership is for DCPs & retired Dentists only

I am an : Existing member/ New Member

Please make cheques payable to “ BSPD (East of Scotland Branch)”

Date of Payment: ..... Cheque No. ....

I already pay by Standing Order: \*Yes/No Date of Payment:.....

I am happy to receive Branch and Society information by email: \*Yes/No

Signed: ..... Date: .....

Please send this form (with your subscription enclosed as appropriate) to:

**Dr Robert D. Martin Honorary Treasurer BSPD East of Scotland,  
Cranford  
56 Waterloo Road  
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