

## Wessex Branch

### Membership Application

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 .....

Address: .....  
.....  
.....

Postcode .....

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

Fax: ..... Email: .....

I wish to take out: \*Full membership: £30.00 Associate Membership: £20.00

\*Existing member \*New Member

Please make cheques payable to 'British Society of Paediatric Dentistry'

Date of Payment: .....

Cheque number: .....

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

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

Name: .....

Please return this form with your subscription to Julia Shill, Hon. Treasurer, Dental Department,  
Bitterne Health Clinic, Bitterne, Southampton, Hants