



APPLICATION FOR ASSOCIATE MEMBERSHIP

Title			
Surname			
First Name			
Qualifications & Year			
Address			
Postcode		Telephone work	
Fax (Work)		Telephone (Home)	
E-mail address		Website address	

Do you wish your details to be on the BSOS website	YES	NO
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Primary sphere of practice	
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Postgraduate Training in Occlusion and TMJ Therapy (This must be a minimum of 2 days education in occlusion)	Please list relevant courses taken below:
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Proposed by	
Proposal signature	
Seconded by	
Seconded signature	

I hereby apply for membership of the British Society for Occlusal Studies and agree to abide by its rules.
 Signed..... Date.....

The cost of membership is £100.00 on application and a quarterly subscription of £47.00 thereafter payable by direct debit only. Your membership to the Society is subject to the approval of the committee and notification will be made within one month of your application.

RETURN PROCEDURE

1. Please complete the application form including relevant courses taken
2. Please complete the Direct Debit mandate
3. Send both completed forms along with a cheque for £100.00 (made payable to BSOS) for your joining fee, to Suzanne Shaw, BSOS Office, PO Box 20, High Peak, SK23 6WY

President: Roy Higson BDS DGDP (UK), Chairman: Jette Holbrook DDS CPH DK, Treasurer: Peter Watson BDS, Secretary: Kate Stokes BDS
 BSOS Office, PO Box 20, High Peak, SK23 6WY
 Email: info@bsos.org.uk Website: www.bsos.org.uk