



BSP

British Society of
Periodontology

Application for Membership Subscription Period Jan to Dec 2019

FULL MEMBER – VOTING

(Please tick appropriate box)

	Electronic Journal	*You will receive ALL issues for 2019	
			Electronic & Printed*
UK Members must be registered in the Medical or Dentists' Register or hold such qualification as Council approve	£172		£233
Overseas Dentist Members	£182		£243
Dentist in post graduate training – Members must be in a FULL TIME training programme (specialty training, MSc, or PhD) for a maximum of 4 years. Members in this category must provide proof of their status on an annual basis.	£112		£172
New Graduate Members This rate applies for TWO years following date of registration with GDC	£112		£172
Dental Hygienist/Dental Therapist	£112		£172
Overseas Hygienist/Dental Therapist	£121		£182

ASSOCIATE – NON-VOTING - Please note that membership does NOT include online access to JCP

Undergraduate UK Dental or Dental Hygiene/Dental Therapy students –	FREE		£60
A member of a European Society who already subscribes to the electronic Journal of Clinical Periodontology	£80		N/A
A dental practitioner who has retired from practice	£80		N/A
Other members of the dental team e.g. technicians, nursing staff etc.	£80		N/A

PAYMENT is by Direct Debit. A completed Direct Debit Mandate must be signed and returned with this form in order for your membership to be activated. Please print all pages and attach your **Direct Debit mandate** before posting to:

Paula Dunn, BSP Executive General Manager, PO Box 261, LIVERPOOL L25 6WP

Your details:

Title.....

First Name..... Surname.....

Professional:	GDC Dentists Reg No:.....GDC DCP Reg No..... Overseas Reg No:..... (if applicable)
<input type="checkbox"/> Contact Address: * compulsory fields	If this is your home address please tick the box in left hand column. This will then be automatically excluded from the Members Directory on the website. Additional addresses can be added once membership has been confirmed. Department Hospital/House Name Street * Locality Town * (in CAPITALS) Postcode* Country Daytime Telephone 1..... Home Telephone Mobile Telephone BSP's main way of communicating with members is through email. The mail includes a regular newsletter containing information on BSP activities. Are you happy to receive email from the BSP? YES <input type="checkbox"/> NO <input type="checkbox"/> Email address* In addition, you can store a further email address that is used for the destination of messages being sent by viewers of the 'Members Directory' in the members' section or the 'Find a BSP member' page in patients' section. Are you happy to receive email from public and other members? YES <input type="checkbox"/> NO <input type="checkbox"/> Email address* Web address: http://..... (You can change your email preferences at any time using the Update membership profile page. Click on [Edit] in the 'Primary Contact Information' section.)
Memberships:	Please circle to indicate membership of other dental societies. AAP ADI BDA EAO RSM BSDHT BADT Other: Please specify.....
Sections:	The Society has two sections. Please indicate which is/are appropriate: Teachers <input type="checkbox"/> Practitioners <input type="checkbox"/>
Time allocation:	Do you spend more than 50% of your time on Periodontology? Yes / No

: **Please tick all that apply**

Armed Forces	<input type="checkbox"/>	Consultant	<input type="checkbox"/>	GDC Specialist Lists	
Community	<input type="checkbox"/>	Endodontics Undertaken	<input type="checkbox"/>	Periodontics	<input type="checkbox"/>
General Practice	<input type="checkbox"/>	Implantology Undertaken	<input type="checkbox"/>	Restorative	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	NHS Practice	<input type="checkbox"/>	Prosthodontics	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Endodontics	<input type="checkbox"/>
Limited to Perio	<input type="checkbox"/>	Referrals accepted	<input type="checkbox"/>		
Mixed Perio/GP	<input type="checkbox"/>	GDP with Special Interest	<input type="checkbox"/>	Dental Hygienist	<input type="checkbox"/>
Teaching post	<input type="checkbox"/>	Postgraduate Student	<input type="checkbox"/>	Dental Therapist	<input type="checkbox"/>
University	<input type="checkbox"/>	Specialist Registrar	<input type="checkbox"/>	UG Dental Student	<input type="checkbox"/>
Research	<input type="checkbox"/>		<input type="checkbox"/>	UG DCP	<input type="checkbox"/>