

Association of Dental Administrators and Managers



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Contact us

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The backing of an influential association in **dialogue** with leading organisations within dentistry

Application form



Personal details

Surname		
First name		Title
GDC registration number (if applicable)		
Postal address		
	Postcoo	de
Contact telephone number		
Mobile		
Email		
Practice name		
I wish to apply for Annual membership £120.00		
I wish to apply for DPAS membership £95.00	DPAS number	
Tick this box if you do not wish your name to be divulged to a third party		
Tick this box if you do not wish your contact deta managers for the purpose of networking	ils to be shared with	other practice

Method of payment

Cheque (made payable to 'ADAM')
Card number
Valid from
Issue number (Maestro only)
Please debit my card with the amount £
Signed Date