



# Membership Details Update Form

Please complete the form in full and return to the membership secretary  
\*required fields for membership

1	*Surname	
2	*Forename(s)	
3	*Address for Correspondence  <b>We advise that you use the same address as your GDC or GMC registration.</b>	
4	*Postcode	
5	*DSTG Membership number	
6	*Telephone	
7	*Email Address	
8	Mentor's list	Do you wish to remain on or join the mentor's list?  Yes                      No                      (please circle one)

9	Post to:	Chris Dickinson (DSTG membership secretary) Department of Sedation & Special Care Dentistry. King's College London Dental Institute. Floor 26. Guy's Tower Wing. Guy's Hospital. Great Maze Pond. London. SE1 9RT
---	----------	---

Your contact details will be used solely for DSTG purposes and kept totally confidential. Details will not be divulged to any outside agencies, societies or groups – thank you. For further details regarding the mentor's list please contact the membership secretary