



Membership Application 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 We advise that you use the same address as your GDC or GMC registration.	
4	*Postcode	
5	*GDC/GMC Number	
6	*Telephone	
7	*Email Address	
8	Job (please circle or specify)	Dentist Dental Nurse Other
9	Mentor's List? (please circle one)	Do you want to be included in the mentor's list? Yes No

10	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
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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. If you require further information about the mentor's list please contact the membership secretary