

**APPLICATION FOR MEMBERSHIP**

**\*Please circle the most appropriate response(s)\***

**Membership Type applied for**: Full Member / Associate Member / #Retired Member/ #Student Member

Title: Forename/s: Surname:

D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_ GDC No: Qualifications:

Home Address:

Town/City: Postcode:

Tel / Mobile: Email:

**Current Clinical Grade / Position:**

GDS (NHS) / GDS Private Practice / University / mixed NHS & Private Practice

Salaried / Staff Grade / Associate Specialist / StR / DCT 1, 2 or 3

Undergraduate Student – Date of Graduation:

StR – Completion Date:

Other (please state below):

Are you in full-time employment and engaged predominantly in the practise of Oral Surgery in the British Isles? YES/NO

Do you have 4 years training or experience in Oral Surgery ? YES/NO

Are you on the GDC Oral Surgery Specialist List? YES/NO

Are you a Student/Trainee? YES/NO If YES, please provide start and end date of your training…………………………………….………..

 and proof that you are a Student, i.e. NTN or other......................................................................................................................

Work Address:

Town/City: Postcode:

Tel: Email:

**Fee Categories:**

**Full Membership £150.00 if paid by Direct Debit**

**Full Membership £170.00 if paid by cheque or BACS**

**Full Membership £175.00 if paid by Credit card or Pay Pal.**

**All paid annually**

Full members must work within the British Isles and be registered with the GDC. You must be on the GDC Oral Surgery Specialist list. If you are not on the Oral Surgery specialist list then you must have 4 years or more working experience in an Oral Surgery setting.

**Associate Membership £150.00 if paid by Direct Debit**

**Associate Membership £170.00 if paid by cheque or BACS**

**Associate Membership £175.00 if paid by Credit card or Pay Pal.**

**All paid annually**

Associate members have an interest in Oral Surgery but are not on the Oral Surgery Specialist list or do not have 4 years or more working experience in an Oral Surgery setting or work outside of the British Isles. Once you have been a member of BAOS for four years, you will automatically become a full member.

**Retired Membership £75.00 if paid by Direct Debit**

**Retired Membership £170.00 if paid by cheque or BACS**

**Retired Membership £175.00 if paid by Credit Card or PayPal.**

**All paid annually**

Previous BAOS members who have now retired.

**Student Membership £75.00 if paid by Direct Debit**

**Student Membership £170.00 if paid by cheque or BACS**

**Student Membership £175.00 if paid by Credit Card or PayPal.**

Student membership is for anyone in a Specialist Training Post, a Dental Core Trainee or Foundation Trainee role.

\*Only Full/Associate membership categories will receive a copy of the Oral Surgery Journal. The journal is published quarterly and posted to Full/Associate membership. The Journal is also available to download from the members section of the BAOS website www.baos.org.uk.

\*All membership categories can view and use the Oral Surgery Training Videos free via the members section of the BAOS website www.baos.org.uk

\* All the membership categories qualify for the members’ rate at any organised BAOS event.

**\*\*The membership year runs from 1st January – 31st December. There is no discount for joining mid-year, as Full/Associates Members will receive all back dated issues of the Journal and be eligible for discounts on all BAOS events including a £100 discount on the BAOS Conference. The annual membership fee is due every January no matter when you join.\*\* #Concessionary fee only receives online access to the Oral Surgery Journal.**

**Payment:**

Fee paid online at [Membership Page](http://www.baos.org.uk/about/application-and-fees/) / Fee paid via BACS (Sort code: 83-19-19 Bank Account No: 00187723)

*We no longer accept cheques.*

I hereby apply to become a member of the British Association of Oral Surgeons. If accepted, I promise to abide by the Rules and Regulations of the Association as set out in the Memorandum and Articles of Association, or such amendments to the same which from time to time may be approved in accordance with the Articles. I agree to maintain my registration, where applicable, on the relevant specialist list and to inform Council of any change in circumstances which may affect my membership status. “I agree to my address being forwarded to Blackwell Munskaard/Wiley, publishers of the journal “Oral Surgery” for the purposes of distribution of this journal as part of my membership of the British Association of Oral Surgeons*.”* ***N.B****. The last sentence applies to applicants eligible for Full or Associate Membership.*

Signature: Date:

We, the undersigned Members of the British Association of Oral Surgeons do hereby certify that:-

Is in our estimation a fit person to be accepted as a Member/Associate of the Association and satisfies the criteria for membership contained in paragraph 3 of the Articles of Association. If you do not have a proposer and seconder then the BAOS Council will decide on your acceptance at the next appropriate Council meeting

Proposer: Signature : Date:

Seconder: Signature : Date:

March 2018