

**APPLICATION FOR MEMBERSHIP**

**NOMINATION FORM**

I wish to apply for membership of the British Orthodontic Society.

I understand that authority of membership rests with the Board of Trustees of the British Orthodontic Society.

Name of Applicant.…………………………………………………………………………………………….

Nominated by …………………………………………………………………………………………………..

BOS Membership Number.…………………………………..

Signature of nominator ……………………………………………………………………………………….

Seconded by …………………………………………………………………………………………………..

BOS Membership Number.…………………………………..

Signature of seconder ……………………………………………………………………………………….

Orthodontic Trainees need only have this form signed by their Training Programme Director

For trainees name of main training base …………………………………………………………………

Expected date of completion of training ………………………………………………………………..

**I understand that as a member of BOS I will not misrepresent the Society or bring it into disrepute.**

Signature of applicant.……………..……………………………….. Date**…………………………..…**

### British Orthodontic Society

Registered Charity No. 1073464

### APPLICATION FOR MEMBERSHIP

**PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS PLEASE**

|  |  |
| --- | --- |
| **Title** Mr|Mrs|Miss|Dr|Prof | **Gender** Male | Female |
| **Family name** | |
| **Forenames** | |
| **Address for all correspondence (please indicate if work or home)** | |
|  | |
|  | |
| **Town / City** | |
| **County** | |
| **Postcode** | |
| **Telephone** | **Mobile** |
| **Fax** | **Email** |

**Please indicate if you would like to view/download BOS publications online or if you would prefer to receive printed copies. Please circle Online only YES Printed copies YES**

**This excludes the Journal of Orthodontics which will be sent by post and is also accessible online.**

**Additional Addresses**

|  |  |
| --- | --- |
| **Address 2** | |
| **Please indicate if home or work** | |
| **Town/City** | |
| **County** | |
| **Postcode** | **Telephone** |
| **Fax** | **Email** |

|  |  |
| --- | --- |
| **Address 3** | |
| **Please indicate if home or work** | |
| **Town/City** | |
| **County** | |
| **Postcode** | **Telephone** |
| **Fax** | **Email** |

|  |
| --- |
| **Qualifications (**with years please**)** |
|  |
| **GDC registration number** |

**Please enclose a cheque made payable to “British Orthodontic Society” to cover the 2022 subscription. Alternatively, you can call us to make a card payment or request our bank details in order to make a bank transfer. Please note that membership runs from January to December each year.**

A Direct Debit Mandate is provided for future subscriptions which will be collected annually – please also download this form and return with your application in order to receive the discounted rate for direct debit payment in subsequent years.

Your application for membership will be put before the Board and your cheque will not be cashed until approval to your nomination has been given.

British Orthodontic Society, 12 Bridewell Place, London, EC4V 6AP

SOCIETY MEMBERSHIP SUBSCRIPTION TICK

**CATEGORY**

Membership and Group fee combined\*\* £342 [ ]

**OR**

Orthodontic Post-Grad Membership fee

Including membership of the Training Grades Group £184 [ ]

\*\*This fee entitles you to membership of all Groups **FOR WHICH YOU ARE ELIGIBLE (please see separate sheet on Group eligibility)**

**I would like to join the following Groups for which I am eligible** (please tick)

**Groups Tick Tick**

Community Group [ ] Consultant Orthodontists Group [ ]

Practitioners Group [ ] Orthodontic Specialists Group [ ]

University Teachers Group [ ] Training Grades Group [ ]

**Members in the following categories are not eligible to belong to a Group:-**

**SOCIETY MEMBERSHIP SUBSCRIPTION TICK**

**CATEGORY**

Associate Member £342 [ ]

International Member £184 [ ]

Company Member £342 [ ]

**TREATMENTS OFFERED**

**Please indicate the treatments you routinely offer:**

**Please tick box [✓]**

Ceramic/White Fixed Appliances [ ] Clear Aligners [ ]

Fixed Appliances [ ] Functional Appliances [ ]

Lingual Braces [ ] NHS Adults [ ]

NHS Children [ ] Private Adults [ ]

Private Children [ ]

Tick this box if you would be willing to consider treating a patient on a pro bono basis

This information will be stored on the BOS membership database but will not show on the Find Treatment search. BOS may contact you should a patient need arise. This is likely to be a rare occurrence and it would be your decision whether to take this further.

The information requested below is for statistical analysis only. The date is of great importance in assisting the Society and profession in strategic planning. It will be held in a confidential file and will not be used in a way that can be linked to an individual.

d d m m y y

Date of Birth:  Gender Male  Female

Number of years in orthodontics:

How many sessions per week do you spend in clinical orthodontics:

When do you anticipate retiring from clinical orthodontics: Earliest Year

Latest Year

Thank you for providing this important information Rev. Dec 21

**PLEASE KEEP THIS FOR YOUR INFORMATION**

**GDPR AND BOS MEMBER COMMUNICATIONS**

**BOS Information**

Thank you for applying to join the British Orthodontic Society. Once your application is accepted, we want to keep you up-to-date and informed about important initiatives and events by email and post and to supply copies of our publications to you and also to invite you take part in audit and research questionnaires and studies from time to time. We hope that you are keen for us to do so, as this is an integral part of your membership subscription.  However, we should let you know that you have the right to object to us sending you information and you can **opt out** of receiving any or all of these items at any time by emailing   [ann.wright@bos.org.uk](mailto:ann.wright@bos.org.uk)

**If you are happy to receive these as part of your membership subscription, you have no need to take any action at all.**

**Non BOS information**

We are often asked to contact you with information about **NON BOS** orthodontic courses and meetings and other non BOS activities (including occasionally information on orthodontic products).  To receive this **non BOS information**, you will need to **opt in.** Once yourapplication is accepted you can do that by visiting the BOS website, logging in as a member and visiting the Update My Details page where you can access the Consent preferences information.

Visit:  <https://www.bos.org.uk/Update-My-Details>

and click on "Change my consent preferences".

We would encourage you to consider **opting in** as much of the information is about courses/meetings which you may be pleased to know about**.  Please note that if you do not opt in, we will not be able to contact you with any of this information.**

The British Orthodontic Society is committed to respecting your privacy and to protecting your personal data. The Society’s revised Privacy Policy and updated Privacy Statement are available on the BOS website <https://www.bos.org.uk/Privacy-Policy> which we would encourage you to read.

If you have any queries, please email [ann.wright@bos.org.uk](mailto:ann.wright@bos.org.uk)

Thank you for being a member of the British Orthodontic Society.

Best wishes

Jadbinder Seehra Director, Clinical Governance Directorate

British Orthodontic Society (registered charity 1073464) 12 Bridewell Place London eC4V 6AP