



THE DISPENSING DOCTORS' ASSOCIATION LTD

MEMBERSHIP APPLICATION FORM

(Please complete in block capitals)

PRACTICE NAME MEMBERSHIP NO.....

PRACTICE ADDRESS

PRACTICE TEL. NO. DISPENSING LIST SIZE

EMAIL ADDRESSES for:

1. EMAIL NEWSLETTERS 2. INVOICES

NAME OCCUPATION.....

I confirm that I wish to become a member of the DDA Ltd. (which is a company limited by guarantee and in respect of which my liability will be £1). I understand that upon this application being received I will be entered upon the Register of Members and as such subject to the provisions of the Memorandum and Articles of Association.

SIGNATURE..... DATE.....

☐ Please tick if you are a partner, sole proprietor, shareholder or individual who otherwise has an ownership interest in the practice. If not, the form must also be signed by a partner, sole proprietor, shareholder or individual who otherwise has an ownership interest in the practice.

NAME ROLE IN THE PRACTICE