



THE DISPENSING DOCTORS' ASSOCIATION

MEMBERSHIP APPLICATION FORM

(Please complete in block capitals)

PRACTICE NAME MEMBERSHIP NO.....

PRACTICE ADDRESS
.....
.....

PRACTICE TEL. NO. PRACTICE FAX NO.....

EMAIL ADDRESS for
EMAIL BROADCASTS

EMAIL ADDRESS for
INVOICES

DISPENSING LIST SIZE

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.....