

Annual Membership Fees

(Subscription year 1 October to 30 September)

Please tick as appropriate

- | | |
|--|--------|
| <input type="radio"/> Dentist member | £60.00 |
| <input type="radio"/> First three years after graduation | £25.00 |
| <input type="radio"/> Family membership* | £85.00 |
| <input type="radio"/> DCP & Associate members | £25.00 |
| <input type="radio"/> Retired (voluntary payment) | £30.00 |
| <input type="radio"/> Student member | £10.00 |
| <input type="radio"/> Overseas partner member | Free |

*Where husband and wife are both working in dentistry

Area of Work

- | | |
|--|--------------------------------|
| <input type="radio"/> General Practice | <input type="radio"/> Hospital |
| <input type="radio"/> Dental Hospital | <input type="radio"/> Student |
| <input type="radio"/> Salaried Primary Dental Care | |
| <input type="radio"/> Other (please state) | |

.....
.....

- I wish the CDF to treat all gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

Please make your cheque payable to:

Christian Dental Fellowship

Payment enclosed: £

Signed:

Date:



**Christian
Dental
Fellowship**

Membership Application Form

Please send the completed form with your payment to:

**Mrs Anne Hallows
Administrator
Christian Dental Fellowship
44 Pool Road, Hartley Wintney
Hook, Hampshire
RG27 8RD**

Tel: 01252 845991

Fax: 01252 607800

Email: cdfadmin@btinternet.com

Website: www.cdf-uk.org

Registered Charity No. 261350

**... an association of Christians
working in dentistry**

What is CDF?

The Christian Dental Fellowship is an inter-denominational association of Christians working in dentistry.

We work in general practice, salaried primary dental care, academic, hospital and overseas dentistry.

What are its aims?

CDF tries to provide an active Christian influence in the dental profession by:

- Uniting all those who aim to demonstrate Christian standards in their professional life
- Supporting dental students and those who have recently qualified
- Offering practical and spiritual support to mission partner dentists and helping to meet specific needs overseas
- Encouraging all members of the dental team to share their faith in Christ and His teaching within the profession

What does CDF do?

Annual Family Conference

Our residential family conference combines bible teaching, mission focus, ethical and clinical debate, an excellent children's programme, student activities and the opportunity to meet other Christians in the profession.

Dental students

Our student coordinators are in regular contact with student groups in universities and hospitals.

Local Meetings

Organised and informal meetings are held around the country.

Newsround

Our quarterly magazine - with news, views and other articles that keep us in touch with each other, at home and overseas.

UCCF and ICMDA

CDF is affiliated to the International Christian Medical and Dental Association (ICMDA) - a global organisation providing links between Christians working in medicine and dentistry. It also has close links with the Christian Medical Fellowship (CMF) and is affiliated to the Universities and Colleges Christian Fellowship (UCCF).

Please join us:

Full Membership is open to:

- Qualified dentists who are entitled to have their names in the UK Dentists' Register.

Associate Membership is open to:

- Qualified DCPs who have completed a prescribed course and have obtained an accepted qualification recognised by the CDF Council
- Dental personnel involved in dental practice or other relevant areas agreed by the CDF Council

Student Membership is open to:

- Dental Students

APPLICATION FOR MEMBERSHIP

I wish to become a member of CDF and am in agreement with its aims. In joining I declare my faith in Jesus Christ my Saviour, my Lord and my God, whose atoning sacrifice is the only and all sufficient ground of my salvation. I seek both in life and thought to be ruled by the clear teaching of the Bible, the inspired Word of God.

BLOCK CAPITALS PLEASE

Title:

First Name:

Surname:

Home address:

.....

..... Postcode:

Practice address (if applicable):

.....

..... Postcode:

Tel No. Day:

Tel No. Home:

Email:

Qualifications

Occupation

Year qualified/due to qualify

Dental School

GDC No. (if applicable):

Continued overleaf

