

**ISDH Membership Application Form**  
**Please complete in BLOCK CAPITALS**

Name \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

I enclose a cheque/draft/postal order, payable to ISDH, for €.....

(Please include the postage surcharge if requesting **overseas** delivery of *JDOH*)

Type of Membership	Annual cost	Please tick your preferred membership option
Full member – Dentist – includes printed <i>JDOH</i>	€80	
Full member – Allied (dental nurse, dental hygienist, orthodontic therapist) – includes printed <i>JDOH</i>	€60	
Lite member – Dentist – online <i>JDOH</i> access	€40	
Lite member – Allied (dental nurse, dental hygienist, orthodontic therapist) – online <i>JDOH</i> access	€25	

\*\*\*Please note a **€10** surcharge applies for **overseas** postage of *JDOH*.

NOTE

This membership includes membership of the International Association for Disability and Oral Health ([www.iadh.org](http://www.iadh.org)).

If you would like to pay in sterling, please pay online via [www.isdh.ie](http://www.isdh.ie) OR contact [isdhpayments@gmail.com](mailto:isdhpayments@gmail.com).

Please return the completed form and payment to: Dr Maura Cuffe, Siena, Rahan Road, Tullamore, Co. Offaly.

**THANK YOU FOR YOUR INTEREST.**