



Membership application form

Association for Dental Practice
 CODE ADP
 www.CODEuk.com

Association for Facial Aesthetics
 CODE AFA
 www.the-FACE.co.uk

CODE Academy
 TRAINING AND CONSULTANCY
 www.CODEuk.com

CODEplan
 DENTAL PLANS and PATIENT FINANCE
 www.CODEplan.co.uk

CODEmarket
 PRINT, PROMOTION WEBSITES and BRANDING
 www.CODEmarket.co.uk

CODEproductions
 PRACTICE VIDEOS for your WEBSITE and DVD
 www.CODEproductions.com

TOTAL SUPPORT



Total Support

FOR DENTAL PRACTICE OWNERS AND MANAGERS



Freepost RSHA-EXAZ-YKBT
 Confederation of Dental Employers Ltd
 Elm Tree House
 Bodmin Street
 HOLSWORTHY
 EX22 6BB

Fold along this line



CODE **Total Support**
FOR DENTAL PRACTICE OWNERS AND MANAGERS

CODE ADP

THE ASSOCIATION FOR DENTAL PRACTICE

Support, representation and trade association services for dental practice owners and managers
www.CODEuk.com
T: 01409 254 354

CODEplan

TAILOR-MADE DENTAL PLANS AND PATIENT FINANCE

Flexible dental plans with low administration fees, the full support of CODE and optional worldwide dental accident and emergency insurance
www.CODEplan.co.uk
T: 01409 255 551

CODE AFA

THE ASSOCIATION FOR FACIAL AESTHETICS

Support, management information and representation for facial aesthetic practitioners
www.the-FACE.co.uk
T: 01409 254 354

CODEmarket

PRINT, PROMOTIONAL AND BRANDING SERVICES

Branding, marketing, websites and promotional materials at affordable prices with online ordering
www.CODEmarket.co.uk
T: 01409 254 416

CODE Academy

Hands-on training in skin treatments plus seminars, webinars and online learning for the whole team
www.CODEuk.com
T: 01409 254 354

CODEproductions

Professional advertising and training videos for your website or DVD
www.CODEproductions.com
T: 01409 254 354



Direct Debit Guarantee

• The Guarantee is offered by all banks and building societies that accept instruction to pay Direct Debits.
* If there are any changes to the amount, date or frequency of your Direct Debit the organisation will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request

* If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society:
– If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to
* You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.

Details

Title	First name	Surname
Qualifications		Practice name
Address		
Post code		
Telephone	Fax	Email
Practice website		
Contact address if different from the practice address (will not appear on the website)		
Post Code		
Telephone	Fax	Email

Member's details may be passed on to CODE Business Partners for the purposes of receiving discounts on supplies and services. Members may opt out of the Business Partner Discount Scheme by ticking this box

Payment

I wish to join

CODEADP CODEAFA CODE CGMS* *CODEADP Members Only

Signature

Date

Please debit the above fees to my bank account using the direct details below

	Joining Fee	Subscription	Sub Total
CODE ADP	£110	£385 (Annual)	£495
CODE AFA I am a CODE member or my principal is a CODE member		£120 (Annual)	£120
CODE AFA I am not a CODE member		£240 (Annual)	£240
CODE CGMS	£240	£18 (Monthly)	£240
All fees include VAT		Total	

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s)

Branch Sort Code

Account Number

Name and Address of your Bank or Building Society

PLEASE COMPLETE THIS FORM AND RETURN TO:
Freepost RSHA-EXAZ-YKBT
Confederation of Dental Employers Ltd
Elm Tree House
Bodmin Street
HOLSWORTHY
EX22 6BB



Originator's Identification Number: **763840**

CODE Reference Number:

Instruction to your Bank or Building Society:

Please pay Confederation of Dental Employers Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Confederation of Dental Employers and if so details will be passed electronically to my Bank/Building Society.

Signature(s)	Date
--------------	------