

College of General Dental Practitioners Singapore

10, Collyer Quay, # 03-05, Ocean Financial Centre, Singapore 049315.

Website: www.cgdp.org.sg E-mail: info@cgdp.org.sg

Membership Application Form

Personal Details

Name	<input type="text"/>	DCR	<input type="text"/>
Date of Birth	<input type="text"/>	Male / Female	Nationality <input type="text"/>
Contact Number	Home <input type="text"/>	Mobile	<input type="text"/>
Contact Email	<input type="text"/>		
Residential Address	<input type="text"/>		
	Country <input type="text"/>	Postal Code	<input type="text"/>

Basic Dental Degree

University and Country <input type="text"/>	Year <input type="text"/>
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Post Graduate Qualification

Type and Place <input type="text"/>	Year <input type="text"/>
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Type and Place <input type="text"/>	Year <input type="text"/>
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Practice Details

Please tick here if you prefer your practice as your mailing address ☐

Clinic Name	<input type="text"/>
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Clinic Address	<input type="text"/>
	Country <input type="text"/> Postal Code <input type="text"/>

Clinic Contact	Tel <input type="text"/>	Fax <input type="text"/>
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Clinic Email	Email <input type="text"/>
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Clinic Website	<input type="text"/>
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For Clinics in Singapore please select zone: North / South / East / West / Central

Practice details will be available to the public on the website.

If you wish to include a second practice detail, please email the information to info@cgdp.org.sg

Please tick accordingly

- ☐ Ordinary / Accredited member: **\$200**
Inclusive of Entrance Fee \$150 and Annual subscription \$50
- ☐ Undergraduate Student member: Annual subscription: **\$25** (Entrance Fee Waived)
Annual Subscription of \$50 applies upon graduation

For Cheque payment, make it payable to “College Of General Dental Practitioners Singapore”
Registration and Payment via PayPal is available on our website www.cgdp.org.sg

For Official Use

Approved Yes / No

Name of Approving Official Signature and Date

Membership Type Membership Number