



British Academy of  
Cosmetic Dentistry

## **BACD Accreditation**

Application for entry into The Accreditation Process

**Please complete and return to**

Mrs Suzy Rowlands  
British Academy of Cosmetic Dentistry (BACD)  
85 Great Portland Street  
London W1W 7LT

Name: \_\_\_\_\_ BACD Member Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date joined BACD: \_\_\_\_\_

Date became Full member: \_\_\_\_\_

I wish to enter the Accreditation process and wish to receive communications relating to Accreditation from the BACD. I understand that the majority of such communication will be by e-mail, and wish to receive this communication at the indicated address.

\_\_\_\_\_  
**Signature of candidate**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**