

LAST UPDATED 19 September 2011

APPLICATION FORM FOR FULL FROM ASSOCIATE MEMBERSHIP 2011-2012

To the Governing Council: I hereby apply to become a Full Member and Guarantor for the sum of £1, of the British Association for Applied Nutrition and Nutritional Therapy ("the Company") and acknowledge that I will be a Member of the Company upon the terms of and subject to the Memorandum, Articles of Association and Members' Agreement of the Company. I understand that Membership of the Company is subject to an annual fee currently **£75**, which I undertake to pay with my Membership Application, and I accept that this fee covers the period 1st October to 30th September of every year (or part thereof should I join during the year). Please read the full Terms and Conditions of Membership located on our website at the following link: www.bant.org.uk/bant/pdf/memberForms/TERMS_CONDITIONS_MEMBERSHIP.pdf

- **Please ensure that you tick ALL the relevant boxes**
- **PLEASE PRINT CLEARLY USING CAPITAL LETTERS AND BLACK INK**
- **Please note that memberships will be processed within 2 weeks**

In support of my application

- I enclose a copy of my BANT APL/APEL Certificate
- I understand that the Governing Council of the Company has the right to reject my application. The Governing Council, at its discretion, may request from me, or appropriate others, further information in support of my application.
- I agree to abide by the **Code of Professional Practice Handbook – Issue 1.1 March 2011**. On acceptance of my membership application, I understand that I will receive a PDF copy of the Code and I agree to familiarise myself with the content within a short time of receipt. I also agree to review the content on an ongoing basis, as I understand that aspects of the Code will be updated as and when necessary and posted on www.bant.org.uk/bant/jsp/member/professionalPractice.faces

Insurance (You MUST have insurance to practise Nutritional Therapy)

- I understand that it is my responsibility to ensure that I am fully covered for any Civil Liability arising out of the practice of Nutritional Therapy, including public liability, product liability, professional indemnity and libel or slander.

Signature: *(By signing here you agree to the above statements. If you do not sign we cannot process your application)*

Website entry and Mailings

- I wish my practice details to be entered on the website
- Tick here if you **do not** wish to receive newsletters from BANT
- Tick here if you **do not** wish to receive emails from BANT (these contain important information)
- Tick here if you **do not** wish to receive occasional special offers or promotions from selected third parties about nutritional therapy products and services

BANT Membership Fees

Joining Between the Following Dates	Membership Fee	Total Due	Tick Choice
1 Oct 2011 – 31 Mar 2012	£75.00	£75.00	<input type="checkbox"/>
1 Apr 2012 – 30 Sep 2012	£37.50	£37.50	<input type="checkbox"/>

Payment Options (Please note that membership fee payments are non-refundable)

- BACS - email theadministrator@bant.org.uk for bank account details
- Paypal - email theadministrator@bant.org.uk for a Paypal invoice to be issued

Please return this application form, signed and dated, to: **British Association for Applied Nutrition and Nutritional Therapy (BANT), 27 Old Gloucester Street, London WC1N 3XX**

Please provide the following information for entry on to the Members Directory and website:

- I am willing to allow students to attend my clinics for observation

Personal Details (This information is not for publication & will not appear on the Directory)

Full Name: _____ Date of Birth: ___/___/___ Male / Female
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____

Special Interests (This information will be published on our website and directory) (Please list the areas in which you specialise with to regard your Nutritional Therapy practice limited to 30 words)

Further Information (This information will be published on our website and directory) (This should contain any additional information you would like the public to know about you as a practitioner limited to 30 words)

Qualifications (Relevant to Nutrition)

(Please provide proof of qualifications and date attained otherwise they cannot be listed)

Please attach a Passport sized picture of yourself if you want it to appear on the website

1st Practice Address (This information will be published on our website and directory)

Practice Name: _____
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____

2nd Practice Address

Practice Name: _____
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____

3rd Practice Address

Practice Name: _____
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____

4th Practice Address

Practice Name: _____
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____

5th Practice Address

Practice Name: _____
Address: _____
_____ Post Code: _____
Tel: _____ Fax: _____ Mobile: _____
e-mail: _____ Web: _____