

LAST UPDATED 18 November 2007

## APPLICATION FORM FOR FULL FROM STUDENT MEMBERSHIP 2007-2008

**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 ensure that you tick ALL the relevant boxes**
- **If a box is not ticked, BANT will consider this to be the chosen answer**
- **PLEASE PRINT CLEARLY USING CAPITAL LETTERS AND BLACK INK**
- **Please note that memberships will be processed within 3 weeks**

### In support of my application

- I enclose a copy of my degree/diploma certifying that I have completed a training course in nutritional therapy at a training provider recognised by BANT
- 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 Ethics and Practice for BANT Members, issue 5.1, August 2007. On acceptance of my membership application, I understand that I will receive my personal 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](http://www.bant.org.uk)

### Website entry

- I wish my practice details to be entered on the website

### Insurance *(Please sign the statement below so that we may process your membership)*

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:** .....

### BANT Membership Fees

Joining Date Between	Membership Fee	Total Due	Tick Choice
1 Oct 2007 – 31 Dec 2007	£75.00	<b>£75.00</b>	<input type="checkbox"/>
1 Jan 2008 – 31 Mar 2008	£58.75	<b>£58.75</b>	<input type="checkbox"/>
1 Apr 2008 – 30 Jun 2008	£42.50	<b>£42.50</b>	<input type="checkbox"/>
1 Jul 2008 – 30 Sep 2008	£26.25	<b>£26.25</b>	<input type="checkbox"/>

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 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**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount enclosed:** \_\_\_\_\_

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

**1<sup>st</sup> Practice Address (This information will be published on our website and directory)**

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

**2<sup>nd</sup> Practice Address**

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

**3<sup>rd</sup> Practice Address**

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

**4<sup>th</sup> Practice Address**

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

**5<sup>th</sup> Practice Address**

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