

LAST UPDATED 03 March 2010

APPLICATION FORM FOR STUDENT MEMBERSHIP 2009-2010

I wish to apply for membership of BANT in the category of "Student Member" which is reserved for undergraduates of Training Providers that have joined the Schools Forum in order to be accredited by the Nutritional Therapy Council.

I understand that the Governing Council of the BANT 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.

Should my application be successful, as a Member, I agree:

- 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.
- To pay the membership fee covering the period of time covering the academic years as a student and will expire one year after graduation.
- To ensure the Training Provider completes this form.

Mailings

- Tick here if you **do not** wish to receive occasional special offers or promotions from selected third parties about nutritional therapy products and services

Fees

The Student Membership fee is £25 + Registration fee of £20. The Registration Fee is a one off payment that will be set against your future application for full membership.

Please return this form
With your remittance to:
BANT
27 Old Gloucester Street
London, WC1N 3XX

Total Student Membership
£45.00

PLEASE PRINT CLEARLY USING BLOCK CAPITAL LETTERS

Name: _____ Date of Birth: ___/___/___ Male / Female

Address: _____

Post Code: _____

Tel No: _____ Mobile: _____ Email: _____

Signature: _____ Date: _____

Important: If this section is not completed by your training provider, your application will NOT be accepted.

Student's name: _____

Training Provider: _____

Qualification on graduation: _____ Approx. Date of Graduation: _____

Signed: _____ Position: _____ Date: _____