

## APPLICATION FORM FOR FULL MEMBERSHIP (NON-PRACTISING) 2017 - RTP

### Personal Details *(This information is not for publication)*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male Female

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

**To the Governing Council:** I hereby apply to become a Full Member (Non-Practising), 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 is subject to an **annual fee of £100 (plus a one of registration fee of £20)**, and I accept that this fee covers the period 1st January to 31<sup>st</sup> December of every year (or part thereof should I join during the year).

### **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. Please read the full Terms and Conditions of Membership located on our website at the following link:

[www.bant.org.uk/nutritional-therapy-careers/join-bant/terms-and-conditions-of-membership/](http://www.bant.org.uk/nutritional-therapy-careers/join-bant/terms-and-conditions-of-membership/)

I agree to abide by the **CNHC Code of Conduct, Performance and Ethics** and the **BANT Professional Practice Handbook**. I will review the content of both documents on an ongoing basis, as I understand that they will be updated periodically.

### **Mailings**

Tick here if you **do not** wish to receive emails from BANT **(these do contain important information)**

Tick here if you **do not** wish to receive the monthly e-Newsletter from BANT

Tick here if you **do not** wish to receive your AGM/EGM paperwork by email

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

**Signature:** .....

**Date:** .....

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

### **BANT Membership Fees**

Joining Between the Following Dates	Membership Fee	Registration Fee	Total Due	Tick Choice
1 Jan 2017 – 30 Jun 2017	£100.00	£20.00	<b>£120.00</b>	
1 Jul 2017 – 31 Dec 2017	£50.00	£20.00	<b>£70.00</b>	

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

BACS - email [theadministrator@bant.org.uk](mailto:theadministrator@bant.org.uk) for bank account details

Paypal - email [theadministrator@bant.org.uk](mailto:theadministrator@bant.org.uk) for a Paypal invoice

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**