

LAST UPDATED 11 NOVEMBER 2016

APPLICATION FORM FOR STUDENT MEMBERSHIP 2017

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 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 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/

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.

I agree to pay the **initial membership fee of £60** and then an **annual renewal fee of £20** due on the 1st January for each year that I am enrolled on a NT course and am a student member of BANT.

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

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

BACS - £60 (email theadministrator@bant.org.uk for bank account details)

Paypal - £60 (email theadministrator@bant.org.uk for a Paypal invoice to be issued)

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

STUDENT MEMBERSHIP FEE - £60.00

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 Institution: _____

Qualification on graduation: _____ Date of Graduation: ____ / ____ / ____

Signed: _____ Position: _____ Date: _____