

LAST UPDATED 9 NOVEMBER 2016

APPLICATION FORM FOR FULL FROM ASSOCIATE MEMBERSHIP (A1) 2018

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") acknowledge that I will be a Member of the Company upon the terms of and subject to Memorandum, Articles of Association and Members' Agreement of the Company. I understand that Membership of the Company is subject to an annual fee currently **£100**, which I undertake to pay when my Full Membership renewal falls due, and I accept that this fee covers the period 1st January-31st December of every year.

- **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 from Associate Membership (A1).

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/

I agree to abide by the **HCPC Standards of Conduct, Performance and Ethics** - www.hcpc-uk.org/publications/standards/index.asp?id=38 and **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.

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. Recommended companies: www.bant.org.uk/nutritional-therapy-careers/join-bant/professional-indemnity-insurance/

Signature: **Date:**
 (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 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

BANT Membership Fees

Joining Between the Following Dates	Membership Fee	Registration Fee	Total Due	Tick Choice
1 Jan 2018 – 30 Jun 2018	No Fee	No Fee	No Fee	
1 Jul 2018 – 31 Dec 2018	No Fee	No Fee	No Fee	



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

BACS (online bank transfer) - 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

OR

You can scan and email the form plus associated documents to theadministrator@bant.org.uk

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: _____

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
or email a
passport
sized picture
of yourself if
you want it
to appear on
the website**

Practice Name 1:		This information will be published on our website.	
Address:		Email:	
		Website:	
Postcode:		Skype:	
Telephone:		LinkedIn:	
Mobile:		Twitter:	
Fax:		Facebook:	
Practice Name 2:		This information will be published on our website.	
Address:		Email:	
		Website:	
Postcode:		Skype:	
Telephone:		LinkedIn:	
Mobile:		Twitter:	
Fax:		Facebook:	
Practice Name 3:		This information will be published on our website.	
Address:		Email:	
		Website:	
Postcode:		Skype:	
Telephone:		LinkedIn:	
Mobile:		Twitter:	
Fax:		Facebook:	
Practice Name 4:		This information will be published on our website.	
Address:		Email:	
		Website:	
Postcode:		Skype:	
Telephone:		LinkedIn:	
Mobile:		Twitter:	
Fax:		Facebook:	
Practice Name 5:		This information will be published on our website.	
Address:		Email:	
		Website:	
Postcode:		Skype:	
Telephone:		LinkedIn:	
Mobile:		Twitter:	
Fax:		Facebook:	