



APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Personal Details

(This information will only be visible to BANT Administration)

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

Address: _____

_____ Post Code: _____

Tel: _____ Mobile: _____ e-mail: _____

Practice Details – Optional completion and listing on Associate Members Directory

(This information will be listed on the Associate Members Directory in the members section of the BANT website)

Profession: _____ Practice Name: _____

Practice Location – Town: _____ County: _____ Post Code: _____

Practice Website: _____ Practice Email: _____

Practice Telephone: _____ Practice Mobile: _____

In support of my application

Please ensure you read the [Criteria for Associate Members](#) before you make your application.

I enclose a copy of my Certificate of Registration from my association that is listed on the **Statutory Regulations Directory** held with the Professional Standards Authority (PSA) **OR** that is listed on the **Accredited Register** held with the Professional Standards Authority (PSA)

I enclose a copy of my Certificate of Registration from my association not listed under the PSA and a statement justifying why I should be accepted as an Affiliate Member of BANT. I understand that my application will be subject to approval by the BANT Membership Committee.

BANT Membership Terms

I understand that the Membership Committee has the right to reject my application. Membership Committee, 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](#).

I understand that I will not be entitled to use the BANT member logo on any promotional material, social media platforms and websites.

Mailings

Tick here if you **do not** wish to receive newsletters from BANT

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

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)

Joining Between the Following Dates	Membership Fee	Registration Fee	Total Due	Tick Choice
1 Jan 2019 – 30 Jun 2019	£75.00	£0.00	£75.00	
1 Jul 2019 – 31 Dec 2019	£37.50	£0.00	£37.50	

**Please return this application with your remittance to:
BANT, 27 Old Gloucester Street,
London WC1N 3XX**

We would like you to pay by online bank transfer (BACS) or Paypal so please contact the administrator at theadadministrator@bant.org.uk for payment details.