



**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, 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 Associate 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.

**Correspondence Preferences**

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 January – 30 June	£85.00	£0.00	<b>£85.00</b>	
1 July – 31 December	£42.50	£0.00	<b>£42.50</b>	

**Please scan and email your completed application form and supporting documentation to:**  
[membershipmanager@bant.org.uk](mailto:membershipmanager@bant.org.uk)