

APPLICATION FORM FOR STUDENT NON-CLINICAL MEMBERSHIP

I confirm that I am a medical student or a student from a course that will result in a qualification with BSc (Hons) or above in nutrition science without clinical training.

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: <https://bant.org.uk/membership-tcs/>

I agree to pay the **initial membership fee of £85** and then an **annual renewal fee of £45** due on the 1st January for each year that I am enrolled on the course in my original application

Correspondence Options

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

Please scan and email your completed application form and supporting documentation to:
info@bant.org.uk

PLEASE COMPLETE ELECTRONICALLY OR PRINT CLEARLY USING BLOCK CAPITAL LETTERS

Name: _____ Date of Birth: ____ / ____ / ____ Male Female

Address: _____

Post Code: _____

Tel No: _____ Mobile: _____ Email: _____

Course Details

Qualification on graduation: _____

Training Provider: _____ Date of Graduation: ____ / ____ / ____

Signature: _____ Date: _____

Important: Please provide documented evidence of your course enrollment, details and start date.