

LAST UPDATED 17 August 2011

APPLICATION FORM FOR STUDENT MEMBERSHIP 2011-2012

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 BANT 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/bant/pdf/memberForms/TERMS_CONDITIONS_MEMBERSHIP.pdf

- I agree to abide by the **Code of Professional Practice Handbook – Issue 1.1 March 2011**. On acceptance of my membership application, I understand that I will receive a PDF copy of the Code and I agree to familiarise myself with the content within a short time of receipt. I also agree to review the content on an ongoing basis, as I understand that aspects of the Code will be updated as and when necessary and posted on www.bant.org.uk/bant/jsp/member/professionalPractice.faces
- I agree to pay the **initial membership fee of £60** and then an **annual renewal fee of £20** due on the 1st October 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 or e-Newletters from BANT (these contain important information)
- 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: _____