

For Office Use Only	
Name of Applicant	
SAANT Member No.	

Instructions:

- Please print this form and ensure that you tick ALL the relevant boxes.
- If a box is not ticked, SAANT will consider NO to be the chosen answer.
- PLEASE PRINT CLEARLY USING CAPITAL LETTERS AND BLACK INK
- Please post this form PLUS a *certified* copy of your certificate(s) to:
SAANT Membership PO BOX 344, Somerset East, 5850, Eastern Cape, South Africa.
- Banking Details: SAANT, Nedbank Savings Account Number: 204 707 1593, Branch Code: 104 709.
- Payment by direct bank deposit only; sorry no cash or cheques. Please use your FULL name as the reference.
- Please email proof of payment to membership@saant.org.za. Payments without reference cannot be processed and cannot be refunded. Money overpaid will not be refunded, but will be held as credit on a member's account.

To the Executive Council:

I hereby apply to become an ASSOCIATE Member of the South African Association for Nutritional Therapy (SAANT).
 I understand that my application is subject to a R100 non-refundable application fee, payable with my application.
 I understand that an ASSOCIATE Membership of SAANT is subject to an annual membership fee, for the period 1st January to 31st December, of currently R150.
 I undertake to pay the fee as requested when my application has been accepted.
 Should I join after 30 June, in my first year only, the fee will be R75.00.
 I accept that the annual fee is subject to increase each year, as per a majority vote.

In support of my application:

- I enclose a certified copy of my degree(s)/diploma(s) showing that I have completed a comprehensive training course in Nutritional Therapy and other relevant studies.
- I understand that the SAANT Council has the right to reject my application. The SAANT Council at its discretion, may request from me, or appropriate others, further information in support of my application.
- I agree to abide by the Aims and relevant Code of Ethics and Practice of the Association, as per the Constitution - available for viewing on the SAANT website www.saant.org.za.
- I am prepared to receive emails from SAANT regarding Association news, as well as information regarding events and opportunities that may be potentially beneficial to me.

Payment:

Amount Paid:

Date:

Proof of Payment sent to membership@saant.org.za ? Y/N

Deleted: :

I hereby testify that all the information I have provided in this Application Form is true and valid.

Applicant Signature:

Date:

Please fill in details accurately and print as clearly as possible, in CAPITAL letters and black ink!
Further information can be sent on a separate sheet.

SECTION A: PERSONAL DETAILS					
Surname		Title			
First Name		Middle Name			
ID No. or Passport No. + Date of Birth			Male / Female		
Qualifications	Training Provider	Year Qualified	Denotation <i>i.e. What do you write after your name on a letterhead ?</i>		
Postal Address <i>(Will be used for Correspondence)</i>				Area Code	
Home Landline + Code					
Cell Phone Number					
Primary Email					
Main Area of Expertise / Interest					
Other Skills/Areas willing to help in SAANT					
Please list any affiliation or if you are a Registered Member of a Board,					
Referred to SAANT by					
SECTION B: PRACTICE / WORK DETAILS					
Current Profession / Job Status					
Consulting? Y/N		No of Years Consulting		Year started Consulting	
Practice / Work Name					
Work Telephone + Code					
Work / Alternative Email					
Work Physical Address					
Town / City				Province	
Website Address					
SAANT Membership, PO BOX 344, Somerset East, 5850, Eastern Cape, South Africa. Fax: 086 519 1471 Email: membership@saant.org.za Website: www.saant.org.za					