

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, NO will be considered to be the chosen answer.
- PLEASE PRINT CLEARLY USING CAPITAL LETTERS AND BLACK INK
- Please post this form to:  
SAANT Membership PO BOX 344, Somerset East, 5850, Eastern Cape, South Africa.
- Banking Details: SAANT, Nedbank Current (Cheque) Account: 102 560 0711, Branch Code: 167 609 (Hout Bay).
- Payment by EFT preferred; no cash or cheques to be posted. Cash or cheques deposited at a bank incur charges. Please add R10. 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 FELLOW 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 FELLOW Membership of SAANT is subject to an annual membership fee, for the period 1st January to 31st December, of currently R250.  
 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 R125.  
 I accept that the annual fee is subject to increase each year, as per a majority vote.

**In support of my application:**

- 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](http://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	
Date of Payment	
Method of Payment*	

\*If depositing cheque or cash add R10 to cover cash deposit fee.

Confirmation of Payment to be sent to membership@saant.co.za or faxed to 086 519 1471  
 (Name + application fee or membership fee to be stated)

**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**

<b>Surname</b>		<b>Title</b>	
<b>First Name</b>		<b>Middle Name</b>	
<b>ID No. or Passport No. + Date of Birth</b>		<b>Male / Female</b>	
<b>Qualifications</b>	<b>Training Provider</b>	<b>Year Qualified</b>	<b>Denotation</b> <i>i.e. What do you write after your name on a letterhead ?</i>
<b>Postal Address</b> <i>(Will be used for Correspondence)</i>		<b>Area Code</b>	
<b>Home Landline + Code</b>			
<b>Cell Phone Number</b>			
<b>Primary Email</b>			
<b>Main Area of Expertise / Interest</b>			
<b>Other Skills/Areas willing to help in SAANT</b>			
<b>Please list any affiliation or if you are a Registered Member of a Board,</b>			
<b>Referred to SAANT by</b>			

**SECTION B: PRACTICE / WORK DETAILS**

<b>Current Profession / Job Status</b>				
<b>Consulting? Y/N</b>		<b>No of Years Consulting</b>		<b>Year started Consulting</b>
<b>Practice / Work Name</b>				
<b>Work Telephone + Code</b>				
<b>Work / Alternative Email</b>				
<b>Work Physical Address</b>				
<b>Town / City</b>		<b>Province</b>		
<b>Website Address</b>				

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