

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 PLUS a *certified* copy of your qualification(s) to:
SAANT Membership PO BOX 344, Somerset East, 5850, Eastern Cape, South Africa.
- Banking Details: SAANT, Nedbank *Savings* Account Number: 204 707 1593, Pinelands Branch Code: 104 709.
- Payment by EFT preferred; no cash or cheques to be posted. Cash and 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 a PROFESSIONAL Member of the South African Association for Nutritional Therapy (SAANT)
I understand that, unless I hold a BSc (Hons) in Nutritional Therapy, my application is to be submitted by 31 May and will be assessed by the Training Committee by 30 June.
I understand that my application is subject to a R400 non-refundable application fee, payable with my application.
I understand that a PROFESSIONAL Membership of SAANT is subject to an annual membership fee, for the period 1st January to 31st December, of currently R650. I undertake to pay the fee as requested when my application has been accepted. If I am accepted during or after June, my membership fee for that year will be R325.
I accept that the annual fee is subject to increase each year, as per a majority vote.

In support of my Application:

- I understand I am required to comply with the SAANT Professional Membership Requirements as detailed in the document available on the website.
- I enclose a certified copy of my relevant degree(s)/diploma(s).
- 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 Code of Ethics and Practice of the Association, as per the Constitution, including Code of Ethics 25 concerning multilevel (network) marketing. On acceptance of my membership application, I agree to familiarise myself with the content within a short time. I also agree to review the content on an ongoing basis as I understand that aspects of the Codes will be updated, as and when necessary, and posted on the SAANT website www.saant.org.za.

Correspondence:

- I am prepared to receive emails from SAANT regarding Association news, as well as information regarding events and opportunities that may be potentially beneficial.

Register of Practitioners:

- I wish my practice details to be listed on the SAANT website Register of Practitioners. Before being listed, I understand I am required to provide a Personal Page / Profile to be posted on the website.

Insurance:

- I understand that it is my responsibility to be fully covered in respect of professional indemnity / medical malpractice in relation to my practice as a Nutritional Therapist. Cover for public liability, product liability, libel or slander are advisable according to my practice and at my discretion.

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		
Nutritional Therapy Qualifications			Training Provider			Year Qualified	Denotation <i>i.e. What do you write after your name on a letterhead ? Eg: Dip.ION</i>		
Other Qualifications			Training Provider			Year Qualified	Denotation		
Postal Address <i>(Will be used for Correspondence)</i>				Area Code		Province			
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, Association or Society									
Referred to SAANT by									
SECTION B: NUTRITIONAL THERAPY PRACTICE / WORK DETAILS									
Consulting ? Y/N		Year Started		No of Years Practicing					
Nutritional Therapy Practice Name									
Practice Telephone + Code									
Practice / Alternative Email									
Practice Physical Address						Suburb			
Town / City						Province			
Closest Major City									
Website Address									

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)

Signature:

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

Signature of applicant:

Date: