

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 a PROVISIONAL 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 a PROVISIONAL 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 a Provisional Member of SAANT is a person holding a qualification in Nutritional Therapy, who began Nutritional Therapy training prior to January 2009, working towards attaining Professional Membership status.
- I understand the Professional Membership Requirements as detailed in the document available on the website.
- I understand the SAANT Membership, Accreditation and Training (SMAT) Committee will advise and assist me to attain Professional Membership.
- 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 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 for 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:

Insurance information is available on the SAANT website.

- 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.

Payment:

Amount Paid: _____ Date: _____ Proof of Payment Sent to membership@saant.org.za ? Y / N

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	
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 Address					
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					
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					