

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 the 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 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 a STUDENT 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 STUDENT 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 the Professional Membership Requirements.
- 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 include a signed official document or a separate letter by my Training Provider stating that I am an existing student.

On acceptance of my membership application:

- I agree to abide by the Code of Ethics & Practice of the Association, as per the Constitution.
 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.
- I am prepared to receive emails from SAANT regarding Association news, as well as information regarding events and opportunities that may be potentially beneficial.

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)

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 ? Eg: BSc</i>		
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: WORK DETAILS (If Applicable)	
Work Name	
Work Address	
Work Telephone + Code	
Work / Alternative Email	
Website Address	

Your Training Provider needs to supply the following details and sign before your application can be processed:

SECTION C: COURSE DETAILS				
Student's Full Name				
Student Number (if applicable)		Current Year of Study		Duration of Course
Qualification on Graduation				Approx. Date/Year of Graduation
Denotation (qualification abbreviation)				
Training Provider's Full Name				
Web Site Address				
Contact Person				
Telephone + Code				
Training Provider's Email				

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

Applicant's Signature:

Training Provider's Signature (or on separate document):

Date Signed: