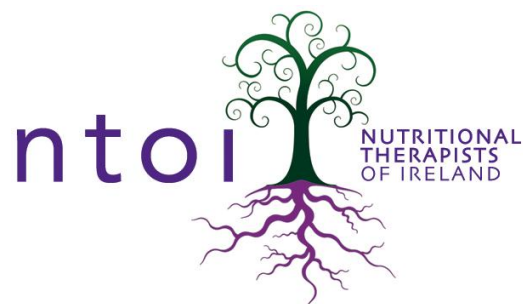


**Registered Address of the Association**  
103 Moyne Rd, Ranelagh, Dublin 6, Ireland

**Web:** [www.ntoi.ie](http://www.ntoi.ie)  
**General Email:** [info@ntoi.ie](mailto:info@ntoi.ie)



**Membership**  
2 Carrickbrennan Lawn  
Monkstown  
Co Dublin

**Finances**  
24 The Weir  
Castlecomer Road  
Kilkenny  
Co. Kilkenny

### **APPLICATION FORM FOR FULL MEMBERSHIP (NON-PRACTISING) 2009-2010**

I hereby apply for Full Membership (Non-Practising) of the Nutritional Therapists of Ireland, and enclose the current annual fee of €100 (plus €30 registration fee) which covers the period 1st October to 30th September of every year (or part thereof should I apply during the year).

#### **In support of my application:**

- I enclose a copy of my degree/diploma certifying that I have completed a training course in Nutritional Therapy at a training provider recognised by NTOI.
- I understand that the NTOI Council has the right to reject my application and that they may request from me, or appropriate others, further information in support of my application. I agree to abide by the NTOI Code of Ethics and to keep abreast of any updates of this document.
- I agree to abide by the 'Code of Ethics and Practice for NTOI Members, issue no 1.1, Date 5/2008'. On acceptance of my membership application, I understand that I will receive my personal copy of the Code and I agree to familiarise myself with the content within a short time of receipt. I also agree to review the contents on an ongoing basis, as I understand that aspects of the Code will be updated as and when necessary and posted on [www.ntoi.ie](http://www.ntoi.ie).

#### **PLEASE PRINT**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **NTOI Membership fees**

Joining Date Between	Membership fee	Registration fee	Total Due	Tick Choice
1 Oct 2009 – 31 Dec 2010	€100	€30	€130	<input type="checkbox"/>
1 Jan 2010 – 31 Mar 2010	€75	€30	€105	<input type="checkbox"/>
1 Apr 2010 – 30 Jun 2010	€50	€30	€80	<input type="checkbox"/>
1 Jul 2010 – 30 Sep 2010	€25	€30	€55	<input type="checkbox"/>

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Amount enclosed:** \_\_\_\_\_

Please return this application form, signed and dated, with your membership fee to:  
The Membership Secretary, NTOI, 2 Carrickbrennan Lawn, Monkstown, Co. Dublin.  
(Cheque made payable to **Nutritional Therapists of Ireland**)