

**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 2009-2010**

I wish to apply for Membership of NTOI in the category of Full Membership which is reserved for graduates of NTOI-recognised training providers in Nutritional Therapy.

I understand that the Governing Council of the NTOI has the right to reject my application. The Governing Council, at its discretion, may request from me, or appropriate others, further information in support of my application.

Should my application be successful, as a Member, I agree:

- a) 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)
- b) To pay the membership fee which covers the period 1<sup>st</sup> October to 30<sup>th</sup> September of every year (or part thereof should I join during the year).

#### **Fees:**

The Full Membership Fee is €100 per annum plus a registration fee of €30.

**Please make cheque payable to NTOI**

#### **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"/>

I hereby apply for Full Membership of the Nutritional Therapists of Ireland, and enclose the current annual fee of €100 (plus €30 registration fee). 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.

**Insurance:**

I understand and agree that it is my responsibility to ensure that I am fully covered for any Civil Liability arising out of the practice of Nutritional Therapy, including public liability, product liability, professional indemnity and libel or slander.

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

**Please find enclosed:**

a) 2 Copies of my degree/diploma certifying that I have completed a training course in Nutritional Therapy at a training provider recognised by NTOI.

b) The completed application form, with membership fee, (cheque made payable to: Nutritional Therapists of Ireland) and copies of training qualifications should be returned to: The Membership Secretary, NTOI, 2 Carrickbrennan Lawn, Monkstown, Co. Dublin.

**Practice Details**

**Please tick this box if you wish the following information to be published on our website and directory**

**1st Practice Address**

Practice Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

e.mail: \_\_\_\_\_ Web: \_\_\_\_\_

**2nd Practice Address**

Practice Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

e.mail: \_\_\_\_\_ Web: \_\_\_\_\_

**Special Areas of Interest, if any**

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