

**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

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**APPLICATION FORM FOR STUDENT MEMBERSHIP 2009-2010**

I wish to apply for Membership of NTOI in the category of Student Membership which is reserved for undergraduates 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 of time covering the academic years as a student
- c) To ensure that the Training Provider completes this form.

**Fees:**

The Student Membership fee is €50 plus a registration fee of €30 and will remain valid for as long as one is a student. The total Student Membership fee is €80.

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Please return this form with your remittance to:

**The Membership Secretary, NTOI, 2 Carrickbrennan Lawn, Monkstown, Co. Dublin**

Please make cheque payable to NTOI

**PLEASE PRINT**

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

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

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

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

Training Provider: \_\_\_\_\_

Qualification on Graduation: \_\_\_\_\_

Approx. Date of Graduation: \_\_\_\_\_

Signed (member): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Training Provider): \_\_\_\_\_ Date: \_\_\_\_\_