

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

Web: www.ntoi.ie
General Email: info@ntoi.ie

Membership
2 Carrickbrennan Lawn
Monkstown
Co Dublin

Finances
24 The Weir
Castlecomer Road
Kilkenny
Co. Kilkenny



APPLICATION FORM FOR FULL FROM STUDENT 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
- b) To pay the membership fee which covers the period 1st October to 30th September of every year (or part thereof should I join during the year).

Fees:

The Student to Full Membership Fee is €100.00 per annum.

Please make cheque payable to NTOI

PLEASE PRINT

Name: _____ Email: _____

Address: _____

Post Code: _____

Tel. No: _____ Mobile: _____

NTOI Membership fees

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

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