



## ASSOCIATE MEMBERSHIP APPLICATION FORM FOR DIETETIC SUPPORT WORKERS

**THE INFORMATION ENTERED ON THIS FORM IS THE BASIS OF YOUR PERMANENT BDA RECORD.  
PLEASE WRITE CLEARLY USING BLOCK CAPITALS (SMALL CASE FOR EMAILS IF APPLICABLE)**

Associate Membership is open to Dietetic Support Workers who must meet the following criteria:

- (i) Be working under the direct supervision of a Registered Dietitian
- (ii) Be working to the Code of Best Practice for Dietetic Support Workers
- (iii) Have completed or be currently undertaking initial nutrition and dietetic training relevant to the duties and responsibilities of the post
- (iv) Membership is by annual subscription and completion of application form

When do you wish your membership to commence (please tick one)

1 March	1 June	1 September	1 December
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<p><b>Surname</b> -----</p> <p><b>First name(s)</b> -----</p> <p><b>Title</b>            <b>Mrs / Miss / Ms / Mr / Dr. /Prof.</b>            <b>Gender</b>   <b>M / F</b></p> <p><b>Maiden/Former Name</b> ----- <b>Date of Birth</b> -----</p>	<p style="text-align: center;"><i>Office Use Only</i></p> <p><b>Membership No</b> -----</p> <p><b>Date of Election</b> -----</p>
<p><b>Home Address</b> -----</p> <p>-----</p> <p><b>Town</b> ----- <b>County</b> -----</p> <p><b>Post Code</b> ----- <b>Country</b> -----</p> <p><b>Tel No ( with STD Code)</b> -----</p> <p><b>Fax No ( with STD Code)</b> -----</p> <p><b>Email:</b> ----- <b>Mobile</b> -----</p>	<p style="text-align: center;"><i>Please indicate whether you would like your mail sent to your Home or Work address.</i></p> <p style="text-align: center;">-----</p>
<p><b>Work Address</b> -----</p> <p>-----</p> <p><b>Town</b> ----- <b>County</b> -----</p> <p><b>Post Code</b> ----- <b>Country</b> -----</p> <p><b>Tel No ( with STD Code)</b> -----</p> <p><b>Ext. No</b> ----- <b>Bleep No</b> -----</p> <p><b>Fax No ( with STD Code)</b> -----</p> <p><b>Email</b> -----</p>	<p><b>Employment Region</b> -----</p> <p>-----</p> <p><b>Employer</b> -----</p> <p>-----</p> <p><b>Position:</b> -----</p> <p><b>Grade:</b> -----</p>

**EDUCATION & EXPERIENCE:**

Please briefly include any qualifications and relevant experience

**TO BE COMPLETED BY THE HEAD OF THE DIETETIC DEPARTMENT**

I support this application for Associate Membership of The BDA and to the best of my knowledge verify that the applicant has received or is receiving adequate training to undertake their role and is working to the Code of Best Practice for Dietetic Support Workers.

**Name:** ..... **BDA Membership No** .....

**Signed:** ..... **Date:** .....

**MEMBERSHIP FEE:**

The full associate membership fee for the year **2012/2013** is as follows

- (a) One cheque payment - **£91.00**
- (b) A one-off direct debit payment - **£86.00**
- (c) 12 monthly instalments totalling - **£86.00** beginning 1<sup>st</sup> March. (£7.17 per month)

Please note: for payment by direct debit instalments, mandate forms must be returned to the BDA office no later than 1 February so that collections can commence 1 March.

For associate members joining part way through the year, the following fees will apply but payment can only be made by single direct debit or cheque. However, subsequent years membership fees may be paid by direct debit instalments. Direct debit mandate forms are available from the Membership Co-ordinator at the address below.

1 <sup>st</sup> June election	By Cheque	£68.25	By Single Direct Debit	£64.50
1 <sup>st</sup> September election	By Cheque	£45.59	By Single Direct Debit	£43.00
1 <sup>st</sup> December election	By Cheque	£22.75	By Single Direct Debit	£21.50

If you are willing to allow the BDA to provide other members with your details please tick here.

I confirm that I am working under the direct supervision of a Registered Dietitian and that I agree to abide by any Code of Conduct, professional practice guidelines, professional standards or other guidance issued by the BDA. By applying for membership of the BDA I agree to abide by the standards of practice and conduct expected by the professional association and will be accountable to the BDA for any breaches of those standards. I undertake to notify the BDA of any criminal convictions, disciplinary, regulatory or other action which may be considered to bring the profession or the BDA into disrepute

**Signed** ..... **Date** .....

**This form must be completed correctly and returned along with payment for your subscription, otherwise it will be returned to yourself for amendment which could delay your application.**

**This form will be processed in accordance with the Data Protection Act. Your details will not be divulged to any Third Party without your express written permission.**

Please send to: The Membership Coordinator, The British Dietetic Association, 5<sup>th</sup> Floor, Charles House, 148/9 Great Charles Street Queensway, Birmingham B3 3HT. (Direct Tel: 0121 200 8067)