



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	
---------	--	--------	--	-------------	--	------------	--

<p>Surname</p> <p>First name(s)</p> <p>Title Mrs / Miss / Ms / Mr / Dr. /Prof. Gender M / F</p> <p>Maiden/Former Name Date of Birth</p>	<p style="text-align: center;"><i>Office Use Only</i></p> <p>Membership No</p> <p>Date of Election</p>
<p>Home Address</p> <p>.....</p> <p>Town County</p> <p>Post Code Country</p> <p>Tel No (with STD Code)</p> <p>Fax No (with STD Code)</p> <p>Email: Mobile</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>Work Address</p> <p>.....</p> <p>Town County</p> <p>Post Code Country</p> <p>Tel No (with STD Code)</p> <p>Ext. No Bleep No</p> <p>Fax No (with STD Code)</p> <p>Email</p>	<p>Employment Region</p> <p>.....</p> <p>Employer</p> <p>.....</p> <p>Position:</p> <p>Grade:</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 **2008/2009** is **£77.00**.

The payment method options for associate members joining with effect from 1st March are as follows:

- (a) One cheque payment
- (b) A one-off direct debit payment of **£72.00** (including a £5.00 discount)
- (c) 10 monthly instalments totalling **£82.00** (including a £5.00 administration charge) beginning 1st March with a payment of £12.70 and followed by 9 further payments of £7.70 until 1st December 2008

Please note: for payment by direct debit instalments, mandate forms must be returned to the BDA office no later than 7 January each year. Payment by instalments is not available when joining part way through a year.

For associate members joining part way through the year, the following fees will apply but payment can only be made by cheque. However, subsequent years membership fees may be paid by direct debit providing a direct debit mandate form is completed and returned to the BDA office by the beginning of January. Direct debit mandate forms are available from the Membership Co-ordinator at the address below.

1 st June election	£57.75
1 st September election	£38.50
1 st December election	£19.25

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

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.