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MEMBERSHIP SUBSCRIPTION RENEWAL FORM

1. NAME (Prof. / Dr. / Mr. / Ms.): _____

2. IDENTIFICATION CARD NO.: _____

3. ORGANIZATION: _____

4. DESIGNATION: _____

5. OFFICE ADDRESS: _____

POSTCODE: _____

6. TEL (O): _____ FAX NO.: _____

7. MOBILE NO.: _____

8. EMAIL: _____

9. RESIDENTIAL ADDRESS: _____

POSTCODE: _____ TEL (H): _____

CATEGORY OF MEMBERSHIP SUBSCRIPTION:

(Please tick ✓ the appropriate box)

Ordinary Membership (RM 50.00 per year)

Student Membership (RM 20.00 per year)

Name of University: _____

Course: _____

Year of Course: Year 1 / 2 / 3 / 4

I hereby enclosed an amount of RM by cash/ cheque/ postal order / bank draft No..... made payable to **Malaysian Dietitians' Association** or bank-in to Maybank, A/C No. 01274309222 (bank-in slip is attached) for my membership subscription for the year(s).....

SIGNATURE OF APPLICANT: _____

DATE: _____

(For Use By Malaysian Dietitians' Association)

Received by: _____

Date received: _____