

**MALAYSIAN DIETITIANS' ASSOCIATION**



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Selangor, Malaysia  
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Email Form to: [admin@dietitians.org.my](mailto:admin@dietitians.org.my)

**PROFESSIONAL QUALIFICATIONS**

YEAR	QUALIFICATION	UNIVERSITY

*(Attached are certified true copies of professional qualifications and transcript)*

**CURRENT WORKING EXPERIENCE**

FROM YEAR	POSITION	ORGANIZATION

**PAST WORKING EXPERIENCE**

DURATION	POSITION	ORGANIZATION

I hereby enclosed RM50.00 by cash/ cheque/ postal order / Bank draft No..... made payable to **Malaysian Dietitians' Association** or bank-in to Maybank, A/C No. 012174309222 (bank-in slip is attached) for my membership subscription for the year(s).....

SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_

(For Approval by MDA Council)

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

**APPLICATION FOR NEW ORDINARY MEMBERSHIP**

1. NAME (Prof. / Dr. / Mr. / Ms.): \_\_\_\_\_

2. IDENTITY CARD NO. \_\_\_\_\_

3. SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

4. OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

5. TEL (O): \_\_\_\_\_ FAX NO: \_\_\_\_\_

6. MOBILE NO: \_\_\_\_\_

7. EMAIL: \_\_\_\_\_

8. RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_