

MALAYSIAN DIETITIANS' ASSOCIATION
 c/o Nutrition & Dietetics Dept
 Faculty of Allied Health Sciences
 Universiti Kebangsaan Malaysia
 Jalan Raja Muda Abdul Aziz
 50300 Kuala Lumpur, Malaysia
 Tel No. : 603-26156011
 Fax No.: 603-26156015
 Website : www.dietitians.org.my



APPLICATION FOR ORDINARY MEMBERSHIP

1. NAME (Prof/ Dr/ Mr / Ms) : _____
2. IDENTITY CARD NO. _____
3. SEX : _____ 4. DATE OF BIRTH : _____
4. ORGANIZATION : _____
5. OFFICE ADDRESS: _____

POSTCODE :. _____

6. TEL (OFFICE) : _____ FAX NO : _____
7. MOBILE NO. : _____ E-MAIL : _____
8. RESIDENTIAL ADDRESS: _____

POSTCODE : _____

PROFESSIONAL QUALIFICATIONS

| YEAR | QUALIFICATION | UNIVERSITY |
|------|---------------|------------|
| | | |
| | | |
| | | |
| | | |

(Enclosed are certified copies of my academic professional qualifications, transcripts & other related documents)

CURRENT WORKING EXPERIENCE

| FROM YEAR | POSITION | ORGANIZATION |
|-----------|----------|--------------|
| | | |

PAST WORKING EXPERIENCE

| DURATION | POSITION | ORGANIZATION |
|----------|----------|--------------|
| | | |
| | | |
| | | |
| | | |

I hereby enclosed RM 50.00 by cash / cheque / bank draft/postal order No..... made payable to **Malaysian Dietitians' Association**, for my membership subscription for the year (s).....

Signature : _____

Recommended By : _____

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(For Use By Malaysian Dietitians' Association)

Received By : _____ Receipt No. : _____ Date : _____