

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 STUDENT MEMBERSHIP

- 1. NAME (Ms / Mr) : _____
- 2. IDENTITY CARD NO. _____
- 3. SEX : _____ 4. DATE OF BIRTH : _____

- 5. ADDRESS : _____

POSTCODE :. _____

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

POSTCODE : _____

9. NAME OF COURSE : _____

10. YEAR OF COURSE : YEAR 1/ 2/ 3/ 4

11. NAME OF UNIVERSITY : _____

ADDRESS OF UNIVERSITY : _____

(Attached is a letter from the University to confirm my student status)

STUDENT MEMBERSHIP : RM 20.00 PER YEAR

I hereby enclosed RM 20.00 by cash/ cheque / bank draft / postal order / No..... made payable to **Malaysian Dietitians' Association**, for my student membership subscription for year (s)

Signature of Applicant : _____

Recommended by: _____

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(For Approval by Malaysian Dietitians' Association)

Received By : _____ Receipt No. _____ Date : _____