



**PERSATUAN PEMAKANAN MALAYSIA**  
**NUTRITION SOCIETY OF MALAYSIA**

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_

Address (Office): \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_

E-mail (office): \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (House): \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile no. \_\_\_\_\_

E-mail (personal): \_\_\_\_\_ Sex: \_\_\_\_\_ Identity card no. \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Academic qualifications (degree/subject/year): \_\_\_\_\_

*(Applications for Ordinary membership should include photocopies of certificates of professional qualifications).*

Current position: \_\_\_\_\_

Specific area of interest/research: \_\_\_\_\_

Membership applied for (tick appropriate box):

- |           |                          |                                         |
|-----------|--------------------------|-----------------------------------------|
| Ordinary  | <input type="checkbox"/> | (annual subscription RM50.00)           |
| Life      | <input type="checkbox"/> | (RM500 payable upon election as member) |
| Associate | <input type="checkbox"/> | (annual subscription RM30.00)           |
| Student   | <input type="checkbox"/> | (annual subscription RM20.00)           |
| Corporate | <input type="checkbox"/> | (annual subscription RM500.00)          |

Application proposed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Application seconded by: \_\_\_\_\_ Signature: \_\_\_\_\_

I declare that the particulars given above are correct and, if elected, agree to abide by the Rules of the Society.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed application should be accompanied with a Cheque/Bank Draft/Postal Order made payable to **"Persatuan Pemakanan Malaysia"** and mailed to Hon. Secretary, Nutrition Society of Malaysia, c/o Department of Nutrition & Dietetics, Faculty of Allied Health Sciences, Universiti Kebangsaan Malaysia, 50300 KUALA LUMPUR

(FOR OFFICIAL USE ONLY)

Date received: \_\_\_\_\_ Checked by Hon Secretary/Comments: \_\_\_\_\_

Date approved: \_\_\_\_\_ Signature of President: \_\_\_\_\_

Date informed: \_\_\_\_\_ Membership No: \_\_\_\_\_

Fees received (cash/cheque/money order): \_\_\_\_\_