



PERSATUAN PEMAKANAN MALAYSIA  
NUTRITION SOCIETY OF MALAYSIA

APPLICATION FOR MEMBERSHIP

Passport  
Size picture

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

Name of organization & address: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_

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

House address: \_\_\_\_\_

Postcode: \_\_\_\_\_ City: \_\_\_\_\_ Tel: (mobile): \_\_\_\_\_

Email: \_\_\_\_\_ 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 academic/professional qualifications).*

Professional qualifications: \_\_\_\_\_

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

Specific areas 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) (Membership No: O _____) |
| Associate | <input type="checkbox"/> | (annual subscription RM30.00)                                    |
| Corporate | <input type="checkbox"/> | (annual subscription RM500.00)                                   |

Please send application form to Hon. Secretary, Nutrition Society of Malaysia, c/o Department of Nutrition & Dietetics, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, 50300 Kuala Lumpur or email to [secretary@nutriweb.org.my](mailto:secretary@nutriweb.org.my). Membership fee may be paid (1) by posting a cheque to the Hon Secretary; (2) by cash or cheque at any CIMB Bank branch or (3) via internet banking. Use the following banking information: name of account - **Nutrition Society of Malaysia**, Account number - 80-0215510-9. Please email your bank-in slip or online transaction as proof of payment.

Proposed\* by: \_\_\_\_\_ Membership No: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconded\* by: \_\_\_\_\_ Membership No: \_\_\_\_\_ Signature: \_\_\_\_\_

\*In accordance with the Rules of the Society, the Proposer and Secunder must be Ordinary or Life members of the Society.

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

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

**(FOR OFFICIAL USE ONLY)**

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

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

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

Fees received (cash/cheque/online): \_\_\_\_\_ Receipt No: \_\_\_\_\_