INDIAN DIETETIC ASSOCIATION

APPLICATION FOR MEMBERSHIP

First Name Dr./Mr./Mrs./Ms. (IN BLOCK LETTERS)

Surname / Family Name

Age _____ Sex _____ Occupation _____

Organization/Institution/Hospital _____

Qualification _____ Area of specialization _____

Nature of Membership **Life** ☐ / **Annual** ☐/ **Student** ☐/ **NRI** ☐ / **Foreign National** ☐ / C**orporate**☐ / **Associate** ☐

Address for correspondence_____

_____ Pin code

Mobile number Landline number

Email address

Mode of Payment: Cash / DD No. _____ Date _____Amount Rs. _____

Declaration: I am interested in Nutrition and Dietetics. I agree to abide by the constitution and bye-laws of the Indian Dietetic Association and also to pay my subscription regularly.

Date Signature of Applicant

FOR OFFICIAL USE

Receipt No. _____ Date _____ Date of placing before Executive Committee _____

Executive Committee's decision - Recommended/ Not Recommended Membership No. _____

MEMBERSHIP INFORMATION

- **Membership Fee** – Life: Rs.2000-00; Annual : Rs.300-00; Students' (per annum): Rs.150-00; NRI / Foreign National Annual Fee: US $100-00 (equivalent amount in INR); NRI / Foreign National Life Membership: US $ 1000-00 (equivalent amount in INR)
- Membership should be obtained from your **local chapter**. Email addresses are available in the IDA website (http://www.idaindia.com).
- The DD should be drawn in favour of **"Indian Dietetic Association, _____ Chapter"** (mention the name of your local chapter), on a nationalized bankand sent to your **local chapter**
- Please attach the following along with the application:
  1. Self addressed stamped envelope along with the completed application form
  2. Stamp size photographs - 2 numbers
  3. Photocopy of certificates – UG, PG - Degree / Diploma
  4. Only DD from a Nationalized Bank will be accepted, or Cash when handed over in person