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 ☐ / Overseas (NRI) ☐**

Membership of Other Professional Bodies _____

Address for correspondence _____

_____

_____

Pin code Tel

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

- Life Membership Fee: Rs.2000-00; Annual Membership Fee: Rs.300-00; Students' Membership Fee (per annum): Rs.150-00; Overseas Annual membership Fee (NRI): US $100-00; Overseas Life membership Fee (NRI): US $ 1000-00
- 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"** and 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