

香港營養學會有限公司  
Hong Kong Nutrition Association Ltd.  
P.O.Box71290, Kowloon Central, Hong Kong

03/98

### Application Form for Membership

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ (In Chinese): \_\_\_\_\_

Residential Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Correspondence Address: Res. Off. Others: \_\_\_\_\_

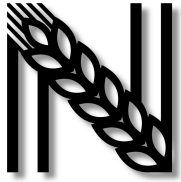
E-mail Address: \_\_\_\_\_

#### ACADEMIC QUALIFICATIONS: (In Chronological Order)

Institute / College	Degree and Major Course	Year Completed or to be Completed

#### PROFESSIONAL MEMBERSHIP AND QUALIFICATIONS:

Organization	Status / Title / Rank	Approved Date
American Dietetic Association (A.D.A.)	Membership No.:	
British Dietetic Association (B.D.A.)	Membership No.:	
Canadian Dietetic Association (C.D.A.)	Membership No.:	
Dietitian Association of Australia (D.A.A.)	Membership No.:	
State Registration In Dietetics, Dietitian Board, CPSM-UK	Membership No.:	



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**WORKING EXPERIENCE: (In Chronological Order)**

Position	Organization	Period

Please send the following to Hong Kong Nutrition Association Ltd.,  
P. O. Box 71290, Kowloon Central Post Office, Hong Kong.

1. A passport size photograph with a completed application form.
2. Verified photocopies of your Professional Certificates and Transcripts and Membership Cards (Notes: verification has to be done by one HKNA standing executive committee member or have these documents sent to HKNA Ltd. directly from the concerned universities or organizations.)  
#For student members, student status confirming letter issued from college or university.
3. A cheque for both registration fee and annual membership fee, payable to **Hong Kong Nutrition Association Limited:**
  - Registration fee HK\$100.00\* for Dietitian/Nutritionist/Associate/Overseas members.
  - Annual membership fee HK\$200.00\* for Dietitian/Nutritionist/Associate/Overseas members.
  - Registration fee HK\$50.00# for Students members.
  - Annual membership fee HK\$100.00# for Student members.
4. **I understand and accept that the personal information I have provided to the Hong Kong Nutrition Association Limited (“the Association”) will be used for membership approval and association related activities. It may be provided to other professional associations, academic organizations, government agencies, private companies and individuals authorized by the executive committee for purposes relating to membership status, association program or activities, promotion of the association objectives, and/or for other related purposes or as required by any law binding on the Association. You may request for access to personal data held by the Association about you and to correct the same, in which case you should contact the Membership Secretary of the Association..**

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

**OFFICIAL USE ONLY:**

Membership  
Classification:


Dietitian\*  
Honorary Member  
Overseas Member\*


Nutritionist\*  
Associate Member\*  
Student Member #

Passed by the Executive Committee:

Position	Full Name	Signature	Date
_____	_____	( _____ )	_____
_____	_____	( _____ )	_____

Membership Number: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Cash / Cheque No.: \_\_\_\_\_