



Appendix IV

Asian Federation of Dietetic Associations (AFDA) Membership Application Form

Applications must be accompanied with endorsement document of the applicant association's Executive Committee.

Name of Association: _____

Mailing Address of the Association*: _____

Website of the Association: _____

Name of Representative: _____

Position held in the Association: _____

Mailing Address of the Association*: _____

Contact Phone /Fax: Tel: _____ Fax: _____

Email Address: _____

Application Date: _____

Details about the Association

Date/Year of registration at a particular country _____

Number of members according to membership categories on ____ Month _____ Year

Regular _____ Affiliate _____ Student _____ Corporate _____

*Please include postcode

For Official Use: Received Date: _____ Approved / Not Approved Date: _____

Executive Council:

AFDA Title	Signature,	print your name	Date
President:	_____	_____	_____
Secretary General	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____