

**Membership Renewal (May – April)**  
**Please make changes on this form and return with your membership fee**  
**Or log into “My Profile” at [www.snda.org.sg](http://www.snda.org.sg)**

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title (delete as appropriate): Ms. / Mrs. / Mr. / Dr. NRIC / Passport #: \_\_\_\_\_

Status (delete as appropriate): Full / Student / Affiliate Membership #: \_\_\_\_\_

If Student: Current class at TP or current year of study at Overseas Institution \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

Current Position Title & Dept: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Company E-Mail: \_\_\_\_\_

**Full Members** – Please delete as appropriate for each question below:

1. Preferred E-mail for Correspondence: Company/ Personal

2. Preferred Mailing Address: Company/ Home

3. Preferred address in SNDA Directory for

Full Members once accepted: Company/ Home/ Both

**Please note:** Where possible, correspondence will be communicated via E-Mail to members.

Correspondence for Student Members will be sent to home E-mail or address.

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I have enclosed my crossed cheque made payable to “**Singapore Nutrition and Dietetics Association**” for Membership Renewal:

S\$80 Full \_\_\_\_\_ S\$20 Student \_\_\_\_\_

Cheque No: \_\_\_\_\_ Bank Name & Branch \_\_\_\_\_

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

Please send your cheque and completed form to:

**Membership Subcommittee**

**Singapore Nutrition & Dietetics Association**

**c/o Nutrition & Dietetics Department**

**Khoo Teck Puat Hospital**

**90 Yishun Central**

**Singapore 768828**