

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

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.

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