



Nutrition Foundation of the Philippines, Inc.

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Adhering Body-International Union of Nutritional Sciences

Membership Form

Name: _____
(First Name) (Middle Name) (Surname)

Profession/Occupation: _____ PRC ID Number: _____

Home Address: _____

Tel. No. _____ Mobile Number _____ Email Address _____

Office/Business Address: _____

Tel. No.: _____ Preferred Mailing Address: Home () Office/Business ()

Date of Birth: (dd/mm/year) _____ Place of Birth _____ Civil Status: _____

Field of Practice/Expertise: (check)

- | | |
|--|---|
| <input type="checkbox"/> Public Health/Community Nutrition | <input type="checkbox"/> Business and Industry |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Sports Nutrition |
| <input type="checkbox"/> Hospital Dietetics | <input type="checkbox"/> Wellness and Weight Management |
| <input type="checkbox"/> Research | <input type="checkbox"/> Entrepreneurial and Private Practice |
| <input type="checkbox"/> Academe | <input type="checkbox"/> Others, specify _____ |

Why are you interested to join the Nutrition Foundation of the Philippines, Inc?

Type of Membership: Regular () Life () Institutional ()

Members will receive four (4) issues of the NFP Bulletin, one free diet consultation, and free or discounted registration fees for NFP seminars. Membership fee is Php 500 annually for regular members, a one-time payment of Php 3,000 for life members, and at least Php 50,000 per year for institutional membership.

I hereby declare that I agree with the provisions of membership and I am going to attend the annual general assembly on the 3rd Tuesday of March of each year.

Signature

Date

For applications for life and institutional members only

Recommending Approval:

Approved:

Membership Committee

Chairperson-President