APPLICATION FORM FOR MEMBERSHIP

THE NUTRITION SOCIETY OF SRI LANKA

No.466, Kotte Road, PitaKotte, 10100, Sri Lanka

Tel: 077 7909663, 0777030558, 077 3402475

*Email:* [*sl.nutritionsociety@gmail.com*](mailto:sl.nutritionsociety@gmail.com) *web:* [*https://nutritionsocietyofsrilanka.org*](https://nutritionsocietyofsrilanka.org)

*FB:* *https://www.facebook.com/nutritionsocietyofsrilanka*

1. Name with initials: Prof./Dr./Mr./Mrs./Miss. (Use Block Letters)

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1. Name in full:

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1. Date of birth(DD/MM/YYYY):
2. Age:
3. Gender : Male Female

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1. NIC Number:
2. Contact Details

Office:

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Telephone:

Residence:

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Mobile No:

1. Affiliation:

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1. Designation
2. Professional Qualification/s: (BSc, MSc, MPhil, PhD and other post-graduate diploma etc. Please indicate only the completed degrees)

Degree Year Field/Specialty College/University

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Memberships of other professional bodies/ societies/ associations:

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1. Which of the following best describes your areas of interest/expertise in nutrition?

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* 1. Chronic lifestyle diseases
  2. Community and public health nutrition
  3. Obesity
  4. Pregnancy and lactation
  5. Child health and nutrition
  6. Geriatric nutrition
  7. Energy and macronutrient metabolism
  8. Vitamins and minerals
  9. Clinical nutrition and metabolism
  10. Nutrition education and behavior change
  11. Nutrigenomics
  12. Food & agriculture
  13. Sports and exercise
  14. Nutrition and dietetics
  15. Food industry & nutraceuticals
  16. Others

(specify)..........................................................................................................................

1. Please select the membership category that you would like to apply

**Membership fee**

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Life member Rs.8,000.00

Annual member Rs.2,500.00

Undergraduate member Rs.1,500.00

1. NIC size colour photo:

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|  | | Name | Signature |
| 12. | Proposed by\*  Seconded by\* | ......................................................  ...................................................... | .......................................  ....................................... |

\*Should be the life members of the Nutrition Society of Sri Lanka

I have enclosed a cheque/money order/postal order/bank payment slip/online payment for Rs ........................................ in favor of The Nutrition Society of Sri Lanka as life/annual/undergraduate membership fee. I accept the rules and regulations in accordance with the constitution of the Nutrition Society. I understand that the council of The Nutrition Society of Sri Lanka has the right to reject or suspendmy membership.

**Bank details of NSSL: Bank of Ceylon Torrington Branch A/C No 2322540**

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Date Signature

* *Please forward your completed application with the receipt of membership payment to* [*sl.nutritionsociety@gmail.coma*](mailto:sl.nutritionsociety@gmail.coma) *and copy to Joint Secretary* [*rsandamali@childfund.org*](mailto:rsandamali@childfund.org)