

HUNGARIAN DIETETIC ASSOCIATION
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MEMBERSHIP APPLICATION

Name:
Maiden name:
Place of birth:.....
Date of birth:.....
Mother's name:.....
Qualification:
Scope of activity:.....
Place and date of college certification:

Name of region's delegate:
Command of languages (degree):.....
Workplace:
Address of workplace:.....
Phone/Fax of workplace:.....
Home address:
Phone:
Mobile/cell phone:
E-mail address:.....
Post-address (where the postal matters are to be sent to):
.....

Please return the present membership application completed to the address of the association as letter or by fax!

Membership (please cross the appropriate one herein below):

Normal

Student/pensioners

Patronizing person

Date:

.....

signature