



# CYPRUS DIETETIC & NUTRITION ASSOCIATION

## APPLICATION FOR MEMBERSHIP TO THE CYPRUS DIETETIC AND NUTRITION ASSOCIATION

**This information is confidential to the Board of the Cyprus Dietetic and Nutrition Association**

**Fee, which should accompany the application and subscription renewal fee.**

**(a) For the registration of:**

- **members 70€ (seventy Euro) (20€ registration fee + 50€ subscription fee)**
- **students/pensioners/subscribers 45€ (forty-five Euro) (20€ registration fee + 25€ subscription fee)**

**(b) For the annual subscription of:**

- **active members 50€ (fifty Euro)**
- **students/pensioners/subscribers 25€ (twenty-five Euro)**

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**1. Full Name:** .....

**2. Date of Birth:** .....

**3. Application for membership to the Cyprus Dietetic and Nutrition Association**

..... **(I). ACTIVE MEMBER (BSc, MSc, PhD in Dietetics, Clinical Dietetics, Nutrition Science, RD, SRD)**

.....**(II) STUDENT MEMBER**

.....**(III) SUBSCRIBER MEMBER**

.....**(IV) CORRESPONDING MEMBER**

.....**(V) OTHER**

**President:** Eleni Andreou , **Vice President :** Christiana Philippou, **Secretary:** Anna Pahita, **Treasurer:** Procopis Kalli  
**Assistant Secretary:** Nicoletta Ntorzi, Member: Nikolaos Ntaflos, Andreas Savva

**ADDRESS:** P.O.Box 28823, CY-. 2083 Nicosia, Cyprus / Tel: +357 22 452258- Fax: +357 22 452292, [www.cydadiet.org](http://www.cydadiet.org)



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**4. Have you been registered with the Cyprus Registration Board for Food Scientists, Food Technologists and Dietitians?:**

**YES.....NO..... If YES, please state in which Register:**

- (I) Register of Dietitians, Register no. :.....**
  - (II) Register of Special List of Food Scientists, Food Technologists, Dietitians, Special List no.: .....**
- .....

**5. Address (Street, No., Postal Code, City).....**  
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**Telephones**

**(work):..... (home):.....**  
**(fax):..... (mobile):.....**  
**(e-mail):.....**

**6. Degree(s)/Specialization (please attach a certified copy or copies of the degree(s), diplomas or other certificates stated in the application)**

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**7. Nature of work: .....**  
**Main: .....**  
**Secondary: .....**

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**8. Professional Qualifications:**.....  
**NAME OF PROFESSIONAL BODY:** .....  
**GRADE or TITLE:**.....  
**DATE OF OBTAINING SUCH QUALIFICATION:** .....  
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## 9. OTHER INFORMATION

Please state any other information which should, at your opinion, be considered by the Board.  
 .....  
 .....

## 10. Declaration

I, the undersigned, declare that all information given hereinabove is true, I submit my application for membership to the Cyprus Dietetic and Nutrition Association and I accept to comply with the Association's Statutes.

**Signature:**..... **Date:**.....

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Upon your registration with the Association, you are entitled your name to be included in the webpage/lists of the Association as well as to participate in specific committees.

A. Please complete the following:

Tick **v** wherever you want the information to be provided (in the first column) and **v** if you wish this information to be included in the Association's webpage or anywhere else outside the Association, e.g. pharmaceutical companies (second & third column) and sign the declaration statement that follows.

INFORMATION	DATABASE (for internal use <b>only</b> by the Association) Column (I)	EXTERNAL USE (for publication on the CyDNA website) Colum (II)	EXTERNAL USE (for publication outside CyDNA, e.g. pharmaceutical companies) Colum (II)
<b>Surname</b>			
<b>Name</b>			
<b>Work address</b>			
<b>Home address</b>			
<b>Work phone</b>			
<b>Home phone</b>			
<b>Fax</b>			
<b>Mobile phone</b>			
<b>E-mail</b>			

I, ....., hereby authorize the Board of Directors of the Cyprus Dietetic and Nutrition Association (CyDNA) and I agree to publish the above information on the CyDNA webpage or/and outside CyDNA.

.....  
Signature

**President:** Eleni Andreou , **Vice President :** Christiana Philippou, **Secretary:** Anna Pahita, **Treasurer:** Procopis Kalli  
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B. In which committees/groups of the Association would you like to participate (1-7 for active member only)

1. Leaflet Committee \_\_\_\_\_
2. Newspaper Committee \_\_\_\_\_
3. Conference Committee \_\_\_\_\_
4. Lectures, Events and Public Relations Committee \_\_\_\_\_
5. Webpage Committee \_\_\_\_\_
6. Research Committee \_\_\_\_\_
7. Work groups
  - a) Dietitian
  - b) Clinical Dietitian
  - c) Nutritionist
  - d) Clinical Nutritionist
  - e) Sports Dietitians/ Nutritionist
  - f) Public Health
  - g) Other
8. Area (by city)
  - a) Nicosia
  - b) Limassol
  - c) Larnaka
  - d) Pafos
  - e) Famagusta

Only active members of the Association may participate in the internal and external committees.

Please send your application to the following address:

**Cyprus Dietetic and Nutrition Association**  
**P.O. Box 28823**  
**2083 Nicosia**

Do not forget to attach all forms, supporting evidence and fees required.

For any problem or relevant query, please do not hesitate to contact the Association at 22452258 or send a fax to 22452292.

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## TO BE COMPLETED BY THE BOARD

**Date of receipt:**.....

**S/N in CyDNA Register:** .....

**Receipt no. of fees paid:** .....

**Date of Examination by the Board:** .....

**MEMBER:** .....

**BOARD'S DECISION (COMMENTS):** .....

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**Dr Eleni P. Andreou, RDN, LD**  
**President**

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**Anna Pahita, RD**  
**Secretary**

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