



CYPRUS DIETETIC & NUTRITION ASSOCIATION

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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)**

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, Demetres Papamichael

ADDRESS: P.O.Box 28823, CY-. 2083 Nicosia, Cyprus / Tel: +357 22 452258, Fax: +357 22 452292, 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 Dieticians, 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:

President: Eleni Andreou , **Vice President :** Christiana Philippou, **Secretary:** Anna Pahita, **Treasurer:** Procopis Kalli
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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.

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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:.....

President: Eleni Andreou , **Vice President :** Christiana Philippou, **Secretary:** Anna Pahita, **Treasurer:** Procopis Kalli
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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 only 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)
Surname			
Name			
Work address			
Home address			
Work phone			
Home phone			
Fax			
Mobile phone			
E-mail			

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

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Assitant Secretaty: Nicoletta Ntorzi, Member: Nikolaos Ntaflos, Demetres Papamichael

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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

Attach all necessary documents (a true copy of a bachelor's and/or master's degree, a transcript(s), a certificate of practice for Clinical Dietitians, certificates from other professional bodies or registration boards), supporting evidence and fees required.

The fees can (a) be sent by mail along with your application (with your responsibility) or (b) you can pay by bank transfer to Bank of Cyprus, Account No. 357013847350, IBAN:CY55002001950000357013847350, SWIFT BIC: BCYPCY2N (please make sure you mention your name during your transaction). ***In this case you must attach to your application the proof of payment as evidence.***

For any problem or relevant query, please do not hesitate to contact the Association at 22452258 or fax to 22452292 or email: info@cydadiet.org

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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

Anna Pahita, RD
Secretary

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