

MEMBERSHIP FORM

Please tick the appropriate box, complete in *BLOCK CAPITALS* and return with your fee to:

BDAPEN Office

Hena Nibash, 3/6, Asad Avenue, Dhaka-1207, Bangladesh

Full Individual Membership (Yearly)

- | | |
|---|--------------|
| <input type="checkbox"/> Student Members/Core Group Members/Nurses | BDT 300.00 |
| <input type="checkbox"/> Retired Members/Trainee Doctors | BDT 800.00 |
| <input type="checkbox"/> Dietitian, Pharmacists, Therapists, Faculty and Health Care and Care Quality Control | BDT 1,000.00 |
| <input type="checkbox"/> Scientists, Senior Researches, Doctors, Industry, Commercial and others | BDT 3,000.00 |

Life Membership

- | | |
|--|-----------------|
| <input type="checkbox"/> BDAPEN Life Membership (Others) | BDT 2,500.00 |
| <input type="checkbox"/> BDAPEN Life Membership (Doctors Interested in International Services) | BDT 15,000.00 |
| <input type="checkbox"/> BDAPEN Life Membership (Core Group, Doctors) | BDT 1,000.00 |
| <input type="checkbox"/> Organization Membership (<10 Employees) | BDT 10,000.00 |
| <input type="checkbox"/> Organization Membership (11 to 300 Employees) | BDT 50,000.00 |
| <input type="checkbox"/> Organization Membership (>300 Employees) | BDT 1,00,000.00 |

First Name:	Last Name:
Designation: (Mr/Mrs/Miss/Ms/Dr/Prof/Other)	Gender:
Job Title:	
Place of Work:	
Number / Street:	
Town:	City:
Country	Postal code:
Tel No:	Mobile No:
Email: (<i>mandatory, used for database identification purposes</i>):	

Address for Correspondence: if different from above

Number / Street:	
Town:	City:
Country	Postal code:
Tel No:	Fax No:
Email:	

Payment Options *(please tick)*

Cheque/Demand Draft Money Order

Address: The Bangladesh Society for Clinical Nutrition and Metabolism (BDAPEN), Hena Nibash, 3/6, Asad Avenue, Dhaka-1207, Bangladesh

E-mail: info@bdapen.com; Phone: +880-2-8143966

Please indicate your Professional speciality *(tick all that apply)*

<input type="checkbox"/> Care of the Elderly	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> PN / HPN
<input type="checkbox"/> Community	<input type="checkbox"/> Intestinal Failure	<input type="checkbox"/> Renal
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Metabolic	<input type="checkbox"/> Clinical Nutrition Research
<input type="checkbox"/> GI Surgery	<input type="checkbox"/> Oncology	<input type="checkbox"/> Science of Nutrition Research
<input type="checkbox"/> Home Enteral Feeding	<input type="checkbox"/> Paediatrics	<input type="checkbox"/> Stroke

Where did you hear about BDAPEN?

Advert *(if so please specify)*

Web-site Recommendation Exhibition

Other *(please specify)*

As a member of BDAPEN you are eligible to receive *Journal of Nutrition Research* at a reduced subscription. If you would like to receive the subscription form, please tick the box

Signed:

Date:

Data protection and membership details

NOTE: We bring to your attention the fact that information declared on this form will be held on a computer and will be used as part of the BDAPEN membership and mailing list. After receiving your application form, we will send one SMS to your mobile number. You can login to your profile in <http://www.napen.org> website (username (will be your mobile number) and password (12345). The membership identification number will be your mobile number or DOB.

As a member of BDAPEN, you will receive information about all BDAPEN events, initiatives and materials. Your membership and contact details will never be passed to a third party without your permission.

However, from time to time BDAPEN may wish to notify you of an educational event or nutrition related product from third parties, which has been vetted as being appropriate. If you DO NOT wish to receive this material from third parties, please tick here

Postal Address

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Regional Officer
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