



FANS

FOOD & NUTRITION SOCIETY

Membership Form

Last Name: _____

First Name: _____

Father Name: _____

Gender: _____ NIC# _____

- Male
 Female

Date of Birth:

Date			Month			Year				
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Address (Home): _____

Address (Office): _____

Phone# (Res) _____ Phone# (Office) _____

Mobile# _____ Email Address: _____

Academic Qualification: _____

Post & Institution: _____

If student, please specify institution, class & sec/dept. _____

Membership Categories:

Category:

- Active Members
 Associate Members
 Associate Professional Members
 Patron Members

Annual Fees

Rs 200
Rs 400
Rs 1000
Rs 5000
(once only)

For Office Use Only

Membership# _____

Date: _____

Validity: _____

Dealing Member: _____

Signature _____

Signature of Applicant

President's Signature