

**NUTRITION SOCIETY OF AUSTRALIA Inc**  
**APPLICATION FOR MEMBERSHIP/STUDENT MEMBERSHIP\*/RETIREE**  
*[Complete both sides of the form and return to the Secretariat]*

DATE \_\_\_\_\_

NAME IN FULL \_\_\_\_\_  
Surname Title Other Names

ADDRESS:

1. Business/Place of study\* \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ (please write clearly)

2. Home \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ (please write clearly)

REGISTERED NUTRITIONIST: Are you applying concurrently for registration YES / NO

If YES, complete the application form on the website, under Registration.

REGIONAL GROUP (Please circle ONE ONLY)

ADELAIDE BRISBANE CANBERRA MELBOURNE NEWCASTLE PERTH SYDNEY TASMANIA WOLLONGONG

QUALIFICATIONS AND RELEVANT EXPERIENCE IN THE FIELD OF NUTRITION

(Include name of institution awarding degree/s and/or employers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT OCCUPATION

Academic  Food industry  Research  Dietitian  Animal scientist  Medicine/Health

Student, course of study\* \_\_\_\_\_

\*Student applicants must complete part 1 of the address section and ensure that their Supervisor completes the following:

This is to certify that the applicant is a full-time student at \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF SUPERVISOR

NAME OF SUPERVISOR (Block letters)

MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES (optional) \_\_\_\_\_  
\_\_\_\_\_

CURRENT RESEARCH INTERESTS (if applicable)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Nominated referee:**

Please nominate a suitably qualified person who is known to the applicant and has knowledge of your expertise and recent experience in the practice of nutritional science. It is the responsibility of the applicant to obtain the permission of the referee to be nominated.

\_\_\_\_\_ (name) \_\_\_\_\_ (contact email or telephone number)

**NSA Inc PRIVACY POLICY**

The NSA Inc complies with the *Privacy Amendment (Private Sector) Act 2001*, effective 21 December 2001. Personal information, as defined by the Act, about Members, Applicants for Membership or individuals submitting an abstract will be used only for the purposes collected and in accordance with the Society’s Rules and Objectives. The NSA Inc requires parties who request personal information to apply in writing, stating the purpose for which it is to be used and to declare that it too has a compliant privacy policy. Each request is assessed, and if it is judged to be of value to Members, it may be acceded to.

**Members may check the accuracy of their personal details and update them at any time.**

[ ] I do not agree to my personal details being provided to outside parties for any reason.

**NEW MEMBERS - FEES FOR 2010/2011 Membership Year**

Membership year runs from 1 July to 30 June 2011. Please circle fee that applies. All fees are GST inclusive

<b><u>Application for membership made:</u></b>	<b><u>Full Member</u></b>	<b><u>Student/Retired Member</u></b>
July – September 2010 (fee for 12 months to 30 June)	\$163	\$65
October – December 2010 (fee for 9 months to 30 June)	\$123	\$50
January – March 2011 (fee for 6 months to 30 June)	\$80	\$32
April – June 2011	See note below	

Circle appropriate fee and enclose payment with your form. Membership fees are tax-deductible  
Membership applications are reviewed by Council on a monthly basis.

**Note:** New membership applications made during the April-June period will be subject to membership fees to be charged for the next full membership year. Membership will be valid from date of acceptance to 30 June of the following membership year. For new members accepted between 1 July 2010 and 31 March 2011, payment for continued membership will be due on 1 July 2011.

Completed application forms, accompanied by the subscription for the first year, should be forwarded to:

NSA Inc Secretariat, PO Box 949, Kent Town SA 5071  
Phone: 08 8363 1307 Fax: 08 8363 1604  
Email: nsa@fconventions.com.au

**Payment Options**

A. [ ] I enclose a cheque made payable to “Nutrition Society of Australia”

B. [ ] I wish to pay by EFT (electronic funds transfer) to the NSA account:

Bank Commonwealth BSB: 066 155  
Account: Nutrition Society of Australia Inc Account number: 1008 4364

**NB:** Please use your surname and/or membership number as reference and email or fax a copy of the remittance advice to the Secretariat.

C. [ ] I wish to pay by credit card (Amex and Diners cards are not accepted)

Mastercard              
Visa

Card number

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount paid: \_\_\_\_\_

Name on card: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_