

MEMBERSHIP FORM

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

IAPEN Office

MIG 245, Midhilapuri Vuda Colony, Visakhapatnam, Andhra Pradesh, India, Pin: 530048

Full Individual Membership (Yearly)

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

Life Membership

- | | |
|--|-----------------|
| <input type="checkbox"/> IAPEN Life Membership | INR 2,500.00 |
| <input type="checkbox"/> IAPEN Life Membership (ESPEN - Doctors/International Members) | INR 15,000.00 |
| <input type="checkbox"/> IAPEN Life Membership (Retired) | INR 1,000.00 |
| <input type="checkbox"/> Organization Membership (<50 Employees) | INR 10,000.00 |
| <input type="checkbox"/> Organization Membership (51 to 300 Employees) | INR 50,000.00 |
| <input type="checkbox"/> Organization Membership (>300 Employees) | INR 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

Send Cheque, Demand Draft/Money Order in favor of "The Society for Clinical Nutrition and Metabolism" payable at Visakhapatnam, Andhra Pradesh, India, to IAPEN Office.

Address: The Indian Association for Parenteral and Enteral Nutrition, MIG 245, Madhurawada, Visakhapatnam, Andhra Pradesh

E-mail: info@iapen.co.in; Phone: +91-998-6795754

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 IAPEN?

Advert (if so please specify)

Web-site Recommendation Exhibition

Other (please specify)

As a member of IAPEN 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:
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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 IAPEN membership and mailing list. After receiving your application form, we will send one SMS to your mobile number.

As a member of IAPEN, you will receive information about all IAPEN 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 IAPEN 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

R R Siva Kiran
Joint Secretary
The Indian Association for Parenteral and Enteral Nutrition
MIG 245, Midhilapuri Vuda Colony,
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Andhra Pradesh (St), India, Pin: 530048