

Instructions for Membership Application

Year 2020

Note 1: Personal Particulars

HKPDU may send information through your chosen contact address, email address, or office fax. Occasionally, the information may be mailed to you directly by our sponsoring companies, academic or professional associations. Except for renewing members, where there is no change in personal details, all fields must be filled in.

Note 2: Membership Requirement

1. Any person in Hong Kong who meets one or more of the following criteria, and practises in dietetics or in related fields may apply for full membership:
 - i) A person who is a Registered Dietitian of the Health and Care Professions Council (HCPC) of the United Kingdom; or
 - ii) A person who is a Registered Dietitian of the Commission on Dietetic Registration (CDR) of the United States of America; or
 - iii) A person who is a Registered Dietitian of the Provincial Dietetic Registration in Canada; or
 - iv) A person who is an Accredited Practising Dietitian of the Dietitians Association of Australia (DAA).
2. **Information concerning membership fees:**
 - **New members** entrance fee \$50 and annual subscription of \$50
 - **Members renewing their membership** annual subscription \$50

Memberships expire on the **31st December of each year**. Members who have not renewed their membership 3 months after the expiry date (**31st March**) will lose their voting rights, and if not renewed 6 months after the expiry date (**30th June**) will lose their membership. An entrance fee of \$50, in addition to the annual subscription fee of \$50, will be payable for rejoining and a **new membership number** will be assigned. A new membership card would be issued annually.

- Please make cheque payable to “**Hong Kong Practising Dietitians Union**” (with your name on the back of the cheque).
- Do not send cash through mail.

Note 3: Current Professional Registration / Membership

- **All members (new and renewing)** are required to provide proof of valid Professional Registration and Membership.
- **New members:** Proof of completion of dietetic degree and internship programme should be provided, if the foreign registration is not yet approved. Please send registration proof once it is available, to complete the membership application.

Please send application packages by mail to:

Hong Kong Practising Dietitians Union, P.O. Box 70928, Kowloon Central Post Office, Kowloon. Attn: Treasurer

For membership inquiries, please email: info@hkpdu.org

Application Form 2020

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|---|
| <input type="checkbox"/> Membership renewal
<input type="checkbox"/> Application for new membership
<input type="checkbox"/> Membership No. _____ |
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Personal Particulars (Please use BLOCK letters) – please read note 1

Please check the box if you **DO NOT** agree to share your personal information with other HKPDU members

Name (as appear in HKID, Passport, or professional certificates if applicable): (Chinese) _____ (English) _____ Dr. / Mr. / Mrs. /Ms.	
Organization / Company / Hospital: _____	
Job Title: _____	
Office Address: _____ _____ HK / KLN / NT. Tel: _____	
Home Address: _____ _____ HK / KLN / NT. Tel: _____ Mobile: _____	
Contact Tel.: (Day) _____	
Contact:	Mailing address: (please ✓) office _____ home _____
Email:	Fax: _____

Current Professional Membership/ Registration (may check more than one) -please read note 3

Please provide a proof copy of membership or registration card.

Professional Membership	Professional Registration
<input type="checkbox"/> British Dietetic Association (BDA)	<input type="checkbox"/> Registered Dietitian (RD), (HCPC, UK)
<input type="checkbox"/> The Academy of Nutrition and Dietetics (AND)	<input type="checkbox"/> Registered Dietitian (RD) (CDR, USA)
<input type="checkbox"/> Dietitians of Canada (DC)	<input type="checkbox"/> Registered Dietitian (RD) (Provincial/ Canada)
<input type="checkbox"/> Dietitians Association of Australia (DAA)	<input type="checkbox"/> Accredited Practising Dietitian (APD) (DAA/Australia)

Please check ✓ you have enclosed the following before mailing:

For membership renewal	For new members
<input type="checkbox"/> Application form	<input type="checkbox"/> Application form
<input type="checkbox"/> Payment of \$50	<input type="checkbox"/> Payment of \$100
Photocopy of <input type="checkbox"/> Current Professional membership/registration	Photocopy of <input type="checkbox"/> (1) Current Professional membership/registration and <input type="checkbox"/> (2) Academic qualification, i.e. dietetic internship programme/ degree certificate

I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Note: upon approval, your membership will be valid till 31st December 2020.

For Official use only Approved Date: _____ Fee Paid: Cash / Cheque No. _____ Membership Card Issued _____
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