



The Society for Clinical Nutrition and Metabolism

MEMBERSHIP FORM

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

NAPEN Office

Biratnagar-17, Morang, Nepal

Full Individual Membership (Yearly)

- Student Members/Core Group Members/Nurses NPR 300.00
- Retired Members/Trainee Doctors NPR 800.00
- Dietitian, Pharmacists, Therapists, Faculty and Health Care and Care Quality Control NPR 1,000.00
- Scientists, Senior Researches, Doctors, Industry, Commercial and others NPR 3,000.00

Life Membership

- NAPEN Life Membership (Others) NPR 2,500.00
- NAPEN Life Membership (Doctors Interested in International Services) NPR 15,000.00
- NAPEN Life Membership (Core Group, Doctors) NPR 1,000.00
- Organization Membership (<10 Employees) NPR 10,000.00
- Organization Membership (11 to 300 Employees) NPR 50,000.00
- Organization Membership (>300 Employees) NPR 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: (mandatory, used for database identification purposes):	

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 Nepal Society for Clinical Nutrition and Metabolism (NAPEN), Biratnagar-17, Morang, Nepal
India

E-mail: info@napen.org; Phone: +977-9807093888/9862077067

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 NAPEN?

Advert *(if so please specify)*

Web-site Recommendation Exhibition

Other *(please specify)*

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