



VERIFICATION OF MEMBERSHIP OF OVERSEAS DIETETIC ASSOCIATION

To be completed by an authorised representative of the national dietetic association in your country

Full name and position title of authorised representative

On this day

Date (day/month/year)

I, the above named, verify

Full name of applicant

has completed formal training in food, nutrition or dietetics in

City and country

and is a member of the national dietetic association

Name of national dietetic association

located in

City and country

Membership valid to

Month/year

Signature and contact email of authorised representative

Personal information collected by DAA will be managed in accordance with DAA's Privacy Policy.

Once completed, please email this form to membership@daa.asn.au, or post to the address below.