



The Association of Certified Professional Nutritionist Registration Form

Name	Last Name _____ First Name _____ Middle Name _____		
Gender	☐ Gentleman ☐ Lady		
ID			
Education			
Contacts	Phone	Email	
	Others		
How did you know ACPN?	☐ Media	☐ Social Active	☐ Others
Would you like to be our regular member?	☐ Yes ☐ Not sure		
Do you think Nutritionist should be legislated?	☐ Yes ☐ Not sure		
Would you like to get other membership in our group?	☐ Yes ☐ Not sure		
Would you like to be our volunteer or lecturer?	☐ Volunteer	☐ Lecturer	☐ Not sure
I _____ (print name) am applying for the membership and I am supplied with the by-laws. Signature : _____ Date : _____			
PRIVACY POLICY : The information requested is only for the purpose of registration, statistics. Also for contacting you and identifying you in our system. The better services can be offered based on the information. We will not sell, lease, share and trade your information to any irrelevant third parties. Please contact us if you have any question.			
Official Use Only			