**Dues for membership for fiscal year 2018-2019: $15 on or before 6/30/18, $18 after 6/30/18**

**\*NOTE:** Non-Academy members who are RD/RDN/DTRs will be assessed a $10.00 fee per credit hour

as attended through the District Association (NIAND).

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| --- |
| **NIAND MEMBER Information** |
| Name:  |
| Credential(s) (in order listed after name): | Phone: |
| Registration Status (circle all that apply): RD/RDN DTR Dietetic Intern Student |
| AND membership #:  |
| Current home address: | Apt/Suite: |
| City:  | State: | ZIP Code: |
| Email (home): |
| **Employment Information** |
| Current employer: |
| Position/Title: |
| Employer address: |
| Phone: | Fax: | Pager: |
| City: | State: | ZIP Code: |
| E-mail (work): |
| Email address preferred for NIAND communication (circle at least one): WORK or HOME |
| Are you interested in a Board Position or volunteering (circle one): YES or NO |
| PRACTICE AREA(S) (please circle all that apply): |
| *Clinical:* Adult Weight Management, Allergy, Bariatric, Cardiac, Diabetes, Eating Disorders, GI Disorders, Geriatrics, Nutrition Support, Oncology, Pediatric, Pulmonology, Renal, Substance Abuse, Transplant,  |
| *Management:* Food Service Management, Clinical Management, Healthcare Administration, Sales/Marketing, Computer Information Systems |
| *Community/Wellness:* Cooking Demos, Grocery Store Tours, Public Health, Sports, Prenatal, Nutrition Communications |
| *Education:* Preceptor for dietetic interns, Educator-other |
| *Other (please list):*  |
| **for NIAND records** |
| Date: | Amount Paid: |
| Payment (circle one): CHECK (payable to NIAND) or CASH | Check #:  |

***Remove lower portion to keep for your records. Attach payment with upper portion of form.***

|  |
| --- |
| **NIAND Membership form 2018-2019 payment** – **for your records** |
| Date: | Amount Paid: |
| Payment (circle one): CHECK or CASH | Check #:  |

**Make checks payable to NIAND**

**Send form & payment to: Sherri Kramp**

 **24440 CR 38**

**Goshen, IN 46526**