**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).

|  |  |  |  |
| --- | --- | --- | --- |
| **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**