**Western Indiana Academy of Nutrition and Dietetics (WIAND) formally known as WIDA**

**Membership Registration**

**2018-2019**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Home Phone:** |  |
| **Work Phone:** |  |
| **E-mail:** |  |
| **□** | I do not use e-mail and wish to be contacted about WIAND meetings via USPS |

**Please check all that apply:**

**□RD/RDN; AND Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□CD □DTR □Retired**

**□Student School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_**

**□Other**

**I will be willing to serve/participate (Check all that apply)**

**□Serve as an officer □Chair of National Nutrition Month**

**Please list any topics you are interested in learning about:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dues: $15/year for professions; $5/year for students. Make checks payable to WIAND**

**\*Please note that AND membership (professionals and students) is required for membership in WIAND**

**Please return this form and dues to:**

**Haley Snell-Sparapany (WIAND treasurer)**

**1724 N. 9th Street, Apt. 25**

**Lafayette, IN 47904**

**hsnell@purdue.edu**