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**Northwest Indiana**

**Academy of Nutrition and Dietetics**

**Member Registration Form**

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| **Member Information** |

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| **Name**: | | | |
| **Address:** | | | |
| **City:** | **State:** | | **Zip Code:** |
| **Phone Number:** | | **Email Address:** | |

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| **Dietetics Information** |

**Academy of Nutrition and Dietetics (AND) membership status** (please check one):

Active member Retired member Student/ Intern

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| **AND ID number** (must be AND member to be eligible to join NWIAND): |
| **Key areas of interest in Dietetics:** |

**Interest in serving as a board member in NWIAND** (please check one):

Yes No

**If yes, please specify position(s) you are interested in serving in:**

President-elect Treasurer Secretary

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| other (please specify) |

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| **Payment** |

**Membership Fee for the year** (please check one):

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| Active or Retired AND member: **$25.00** | Student/Intern: **$5.00** |

If you are not an AND or NWIAND member you may pay $10 per meeting to obtain meeting information/zoom link and CEU certificate

Please email this completed form to NWIAND at **NWIAND219@gmail.com**

How did you pay? (please check one):

Sent money with Zelle to: NWIAND219@GMAIL.COM

In the “Memo” section please add your full name.

Sent check (email NWIAND219@gmail.com for Board Member Mailing Address)

Make checks payable to: Northwest Indiana Academy of Nutrition and Dietetics Inc.