

Dues for membership for fiscal year 2022-2023: \$20 on or before 8/1/22, \$25 after 8/1/22
***NOTE:** Non-Academy members who are RD/RDN/DTRs will be charged a \$10.00 fee per credit hour by 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):		
<i>Clinical:</i> Adult Weight Management, Allergy, Bariatric, Cardiac, Diabetes, Eating Disorders, GI Disorders, Geriatrics, Nutrition Support, Oncology, Pediatric, Pulmonology, Renal, Substance Abuse, Transplant,		
<i>Management:</i> Food Service Management, Clinical Management, Healthcare Administration, Sales/Marketing, Computer Information Systems		
<i>Community/Wellness:</i> Cooking Demos, Grocery Store Tours, Public Health, Sports, Prenatal, Nutrition Communications		
<i>Education:</i> Preceptor for dietetic interns, Educator-other		
<i>Other (please list):</i>		
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 2022-2023 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 County Road 38
 Goshen, IN 46526**