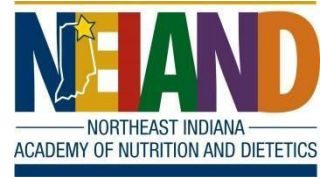


NEIAND 2024-2025 Membership Form



AND# (*must be an AND member to join NEIAND*) _____

Name _____
Last
First
Credentials/Student

Address _____ City _____ State _____ Zip Code _____

Phone number _____ Email Address _____

Place of Employment _____

Please indicate if we may include your contact information on a directory for members ___ Yes ___ No

I give my permission to NEIAND to post to its Social Media pages my likeness for awards, activities and other related items.

Initials _____

- ❖ Key areas of Interest in Dietetics _____
- ❖ Interested in Chairperson, Officer, or Committee Member. *Please send me info*
(Student Affairs Chair, Membership Liaison Chair, Community Outreach Chair, Media/PR Chair, Policy Chair, President Elect, Treasurer, Secretary)
- ❖ Topic Suggestions for Future NEIAND Programs _____
- ❖ What communication method do you prefer at this time (Social media, email) _____

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

___ Active Member ___ Retired Member ___ Student/Intern (No Charge)

Payment Enclosed:

Dues:	\$20.00 if received by 9/30/2024*	_____
	NEIAND Scholarship Donation	_____
	IAND Public Action Committee (PAC)	_____
	\$5.00 late fee if received after 9/30/3024**	_____
	Total Enclosed	_____

Make checks payable to NEIAND

Mail to: Robert Simmons RD- 4641 Coventry Pkwy Fort Wayne, IN 46804

***Membership forms will not be accepted without a current AND # and/or \$5.00 late fee if submitted after 09/30/2024*

FOR YOUR RECORDS

2024-2025 NEIAND MEMBERSHIP DUES RECEIPT

Dues Paid _____ Scholarship Contribution _____ PAC Contribution _____ Total _____

Date Paid _____ Check Number _____