

# NEIAND 2025-2026 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 \_\_\_\_\_

County of Residence \_\_\_\_\_

*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 9/30/2025\* \_\_\_\_\_

NEIAND Scholarship Donation \_\_\_\_\_

\$5.00 late fee if received after 9/30/3025\*\* \_\_\_\_\_

**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 09/30/2025*

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FOR YOUR RECORDS

2025-2026 NEIAND MEMBERSHIP DUES RECEIPT

Dues Paid \_\_\_\_\_ Scholarship Contribution \_\_\_\_\_ Total \_\_\_\_\_

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_