

# California Nutrition Council

## Membership Application and Directory Information

### July 2005 through June 2006

**Please print clearly**

Name (First Name, Middle Initial, Last Name)	Degree
This is a home address <input type="checkbox"/>	This is a work address <input type="checkbox"/>
Title	
Organization	
Address (Street number, street name, apartment/suite)	
City, Zip Code	
(     )	(     )
Work phone	Home phone
	Fax
Email address	

Membership Categories	<input type="checkbox"/> <b>Professional:</b> Any person who has at least a bachelor's degree in nutrition or a related field from a regionally accredited college or university. <input type="checkbox"/> <b>Professional (Returning Student):</b> Any person enrolled full time in a graduate degree program that qualifies for professional membership. <input type="checkbox"/> <b>Professional (Retired):</b> Any person who qualifies for professional membership. <input type="checkbox"/> <b>Associate:</b> any person interested in the field of nutrition. <input type="checkbox"/> <b>Student:</b> Any person enrolled in a full-time undergraduate degree program in nutrition or a related field at an accredited college/university. Faculty signature required for student members.  <div style="border-top: 1px solid black; width: 80%; margin-left: 0;"></div> <p style="margin-left: 20px;">Faculty signature</p>
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**Please return this form with your check payable to the CNC to:**

Mary Lane-Carlson, MPH, RD  
16132 East Crestline Drive  
La Mirada, CA 90638

**Forms returned by July 31st will be included in the 2005-2006 Member Directory and ensure delivery of the next Newsletter.**

**Please check this box if you do not wish to be listed in the Membership Directory**

Professional	\$35 _____
Professional (Returning Student)	\$15 _____
Professional (Retired)	\$15 _____
Associate	\$35 _____
Student (with faculty signature)	\$15 _____

**DONATIONS**  
*Please help us offset some of our expenses with your voluntary contribution to the following funds:*

George M. Brigg Scholarship Fund	_____
Policy Advocacy Fund	_____
Annual Conference Expenses Fund	_____

Total amount enclosed: \$ \_\_\_\_\_

### MEMBERSHIP DUES

**For office use only:**

Check number: \_\_\_\_\_ Total enclosed: \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Added to directory: \_\_\_\_\_