

PROFESSIONAL AFFILIATIONS/INFORMATION

How long have you been a professional in the field of nutrition?

Please list all other professional affiliations below:

EMPLOYMENT**PAGE 2**

Current employer		Occupation	
Address			
How long?	Phone	Fax	
Email			
Are you in private practice?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/> How many hours per week?
Name of Private Practice			
Address			
How long?	Phone	Fax	
Email			

GET INVOLVED & MAKE A DIFFERENCE*To volunteer your time, please check your area(s) of interest.*

<input type="checkbox"/> Annual Conference	<input type="checkbox"/> Business/ Legal	<input type="checkbox"/> Education
<input type="checkbox"/> Fundraising/Marketing	<input type="checkbox"/> Legislative & Regulatory Affairs	<input type="checkbox"/> Media Relations and Outreach
<input type="checkbox"/> Membership	<input type="checkbox"/> Mentoring/ Student Relations	<input type="checkbox"/> Practice Development
<input type="checkbox"/> Publications/ E-zines	<input type="checkbox"/> School Liaison	

NANP CODE OF ETHICS

The Code of Ethics of the **National Association of Nutrition Professionals** (NANP) is intended to support the NANP members individually and collectively in maintaining a high level of ethical conduct. They are standards used to determine the propriety of conduct in relationships with clients, colleagues, members of allied professions and the public. The honored ideals of the NANP state that the responsibility of the NANP member extends not only to the individual, but also to society.

- The NANP member will participate in activities that improve the nutritional well being of the client and the community.
- NANP members will strive continually to improve skill and knowledge, and make their professional attainments available to their clients and colleagues.
- An NANP member's services or counseling will be founded on a legal and practical basis. The member will not voluntarily associate or work with anyone who violates this principle.
- An NANP member will not exceed their scope of service or practice, either in abilities or by law.

- An NANP member will choose whom he or she will serve. Having undertaken a client, however, they may not neglect the client unless discharged. The member may discontinue service only after giving due notice to the client.
- An NANP member will seek consultation in doubtful or difficult cases, and whenever it appears that the services of other professionals is warranted to provide more complete or better quality advice.
- An NANP member will not reveal the confidences entrusted in the course of consultations, unless required to do so by law.
- The members of the National Association of Nutrition Professionals will guard the public and themselves against any nutritional counselor deficient in moral character or professional competence. They will obey all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They will oppose without hesitation illegal or unethical conduct of fellow members.
- In pursuit of this code and these goals, an NANP member will vigorously defend our first amendment right of freedom of speech and press to impart truthful information concerning diet and nutrition, and will defend the health freedom right of the public to obtain such data from the sources that they may choose.

I have read and agree to abide by the NANP Code of Ethics (above) and my defined Scope of Practice (as posted on the NANP website at www.nanp.org)

Signature:

Date:

PAYMENT INFORMATION

***** Membership will be valid for one year from the date of processing*****

In addition to my dues I would like to make a contribution of \$_____ (USD) to the NANP.

I have enclosed a check in the amount of \$_____ (USD), payable to NANP.

Charge my credit card in the amount of \$_____ (USD) Card type: VISA Mastercard

Card #

Name on Card

Expiration date

Card billing address

Signature

DISCLAIMER AND SIGNATURE

I certify that the above information is true and correct, of which I authorize verification. If the above information is false, I understand there will be no refund of my application fee.

Signature

Date

For official use only:

Database Webmail Website Packet sent _____ Paid _____ Type: _____