

# Membership Renewal Form

Type of Membership:     Professional     Associate     Student

**(PLEASE SEE THE BACK OF THIS FORM FOR NEW MEMBERSHIP CATEGORY DEFINITIONS)**

If upgrading your membership category, please provide copies of diplomas and/or certificates earned as evidence of completion.

Name (including titles): \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Post on NANP website?     Yes     No    Home Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Make a Difference – please mark any areas of interest below for which you would like to volunteer your time.**

<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	

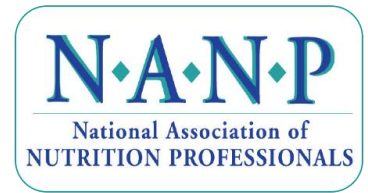
YOU MAY NOW PAY FOR TWO YEARS OF MEMBERSHIP AT ONCE!		1 Year	2 Years
Professional members <i>please submit proof of 10 CEU's earned since last renewal period.</i>		<input type="checkbox"/> \$225 (USD)	<input type="checkbox"/> \$395 (USD)
Associate		<input type="checkbox"/> \$175 (USD)	<input type="checkbox"/> \$295 (USD)
Student (please also submit a current copy of your student ID card)		<input type="checkbox"/> \$95 (USD)	<input type="checkbox"/> \$190 (USD)
In addition to my dues I would like to make a contribution of		\$ _____	
I have enclosed a check payable to the NANP in the amount of		\$ _____	
<input type="checkbox"/>	I have paid through the NANP website (please submit this application as well)		
<input type="checkbox"/>	<b><i>Please help us use less paper products, and check the box to the left ONLY if you wish to receive a membership certificate by mail.</i></b>		
Please charge my credit card in the amount of (we accept VISA or MasterCard only)		\$ _____	
Credit Card #		Expiration Date	
Name on Card			
Card Billing Address			
Signature			

Mail or fax your completed renewal form to:

**NANP Membership, P.O. Box 1884, Rancho Cordova, CA 95741-1884, Fax: 510-580-9429**

For Office Use Only:

Database     Website     Webmail     CEUs    Packet sent \_\_\_\_\_    Paid \_\_\_\_\_    Type \_\_\_\_\_



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## MEMBERSHIP CATEGORIES

### Professional Member – \$225/ 1-year renewal or \$395/ 2-year renewal

Professional members are those working within the nutrition profession and who meet the educational standards appropriate for their role delineation.

**Professional Membership:** is a privilege that is extended to those who have completed one of the following:

- ✓ Graduated from a NANP-approved post-graduate or occupational certificate program (such as Nutrition Education, Nutrition Consultant or Master Nutrition Therapist Program)
- ✓ Hold a Bachelor's, Master's Degree or Doctorate in Nutrition or related field of study from an accredited college or university
- ✓ Are board certified by the American College of Nutrition (Certified Nutrition Specialists), the Clinical Nutrition Certification Board (Certified Clinical Nutritionists), the American Clinical Board of Nutrition (Diplomates of the American Clinical Board of Nutrition) or by the American Dietetic Association, or comparable board certification in nutrition
- ✓ Are licensed health care professionals whose scope of practice legally includes nutritional counseling and adheres to a natural or holistic model of nutrition (for example: Chiropractors, Nurses, Medical Doctors, Naturopathic Doctors)

### Associate Membership – \$175/ 1-year renewal or \$295/ 2-year renewal

Is a privilege that is extended to those who:

- ✓ Are graduates of an occupational certification program in holistic nutrition and do not meet the educational standards for Professional membership
- ✓ Are health care professionals who use nutrition and natural food as a primary focus of their clinical or educational practice, but whose scope of practice does not legally include nutritional counseling (for example: Massage Therapists, Psychologists, Fitness Trainers, Personal Coaches)

### Student Membership - \$95/ 1-year renewal

Is a privilege that is extended to those who are currently a student enrolled in a NANP-approved nutrition program or in a nutrition program at an accredited college or university. Proof of enrollment is required along with membership application.

### Supporting Member \$1,000

Supporting Members are individuals [or organizations] contributing a minimum of \$1000 per year. Such members are given a logo link on the Resources page of NANP's website and are offered special opportunities to communicate with NANP members through emails, articles and classes. Each month, a Supporting Member is featured on the home page of the NANP website.