

APPLICATION FOR STUDENT MEMBERSHIP

NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND SUBMITTED WITH PAYMENT PRIOR TO CONSIDERATION.



<i>(Please Print) First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Street Address</i>	<i>City/Town</i>	<i>Province</i>
<i>Postal Code</i>	<i>Telephone #</i>	<i>e-mail Address</i>
<i>CSNM Accredited School Name</i>		
<i>CSNM Accredited Program Name</i>		
<i>School Location</i>		<i>Graduation Date</i>

For a complete list of CSNM accredited learning programs visit our website www.csnm.ca

Employment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Unemployed		
Employer Type	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Public Health	<input type="checkbox"/> LTC
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Corrections
	<input type="checkbox"/> Supplier	<input type="checkbox"/> Health Spa	<input type="checkbox"/> Other

<i>Employers Name</i>		<i>Current Position</i>
<i>Street Address</i>	<i>City/Town</i>	<i>Province</i>
<i>Postal Code</i>	<i>Telephone #</i>	<i>e-mail address</i>
<i>Signature</i>		<i>Date</i>

**Please ensure the \$40.00 Student Membership fee is enclosed with your application
 CSNM Membership Year – April 1st – March 31st
 Make payment by cheque or money order (postal or bank) payable to
 Canadian Society of Nutrition Management or by Credit Card**

<input type="checkbox"/>		Name Appearing On Card	Date of Expiry	
<input type="checkbox"/>		Card Number	Month	Year
CVC number: (3 digits on back of card)		Address associated with the credit card		
AUTHORIZATION				
<i>I authorize CSNM to charge to my credit card</i>		Signature of Card Holder	Date	
\$ _____ _____				