



APPLICATION FOR MEMBERSHIP

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

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

***Individuals seeking Active Member status must submit a copy of school diploma.
For a complete list of CSNM accredited learning institutions go to 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

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

Please ensure the non refundable application fee of \$40.00 is enclosed with your application.

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
AUTHORIZATION I authorize CSNM to charge to my credit card \$ _____		Signature of Card Holder	Date	