

Central Arizona Academy of Nutrition and Dietetics

District Membership Application

(Membership year is June 1st to May 31st)

First Name: _____ Last Name: _____ Professional Suffix: _____

Mailing Address: _____ City State Zip: _____

Preferred Phone Number _____ Preferred E-Mail: _____

AND membership is required to be a voting member of C-AZAND. Academy Member Number _____

Current Job Title: _____ Place of Employment: _____

Congressional District: _____ Legislative District: _____ (This information can be found on your Voter ID card)

Are you interested in being a volunteer in your AZ-AND District? YES NO

Please let us know in what ways you might want to get involved: _____

Comments or questions? Please contact the Central AZAND at centralazda@gmail.com

Qualification of AZ-AND District Membership:

Academy of Nutrition and Dietetics (AND) members residing in Arizona are automatically members of the Arizona Academy of Nutrition and Dietetics (AZ-AND). AND dues do not include local District association membership. Any member who is in good standing with AND is eligible to join an AZ-AND District as a voting member. Local districts rely on your dues to provide local activities. Members may hold membership in more than one district. The districts appreciate your financial support and your attendance at local meetings and events.

Please Indicate Your Membership Type:	Central District	Amount Due
Voting Member		
<input type="checkbox"/> Active RD or DTR -Active Member of Academy	\$40.00	\$
<input type="checkbox"/> Retired RD or DTR -Active Member of Academy	\$25.00	\$
<input type="checkbox"/> Dietetic Intern/Student	\$20.00	\$
Non-Member (Not a member of AND/Non-voting)		
<input type="checkbox"/> Yearly Meeting Fee	\$90.00	\$
<input type="checkbox"/> One-time Meeting Fee	\$20.00	\$
Donations		
<input type="checkbox"/> Academy Foundation		\$
<input type="checkbox"/> AZAND Donation		\$
<input type="checkbox"/> Susan Grogan Memorial Scholarship Fund		\$
<input type="checkbox"/> Rissa Miller Memorial Fund		\$
Credit Card Fee		
<input type="checkbox"/> Using CC or Debit card to pay dues	\$1.00	\$
Total Amount Enclosed		\$

Please complete this application and mail with a check payable to your specific district association at the following address:

Central District

Shawn Toso
3658 E. Constitution Dr.
Gilbert, AZ 85296

For Office Use Only. Date: _____ Cash: _____ Check #: _____ Credit Card #: _____ Paypal: _____