



Northern Illinois Academy of Nutrition and Dietetics (NIAND)

Membership year: June 1, 2021 to May 31, 2022

Registrations received by our September meeting will be included in that evening's raffle. Are you a new member to NIAND? (New members will be entered into drawing in May) Yes No If you have been referred by a current NIAND member, please write the name here:

If you recruit a non-previous NIAND member to join at anytime during the membership year and he/she mentions your name in relation to the recruiting, your name will be entered into a drawing at the May Banquet.

Last name First name MI Professional credentials

Home address

City, State Zip code Primary phone # Other phone # Home e-mail address

Work e-mail address

Place & City of employment

Current Position/Title Office phone # Area of Practice/Specialty

Membership Categories and Dues (Please circle one):

RD/RDN/DTR- Active or International member of the Academy (\$30.00)

Student or Retired member of the Academy (\$15.00)

Partner [non-AND member] (\$45.00)

For members of the Academy: Academy Membership #

LDN License #

(Please attach copies of your current LDN license and the Academy card with this registration)

IAND Nomination- Who would you like to recognize for the following awards?

Recognized Young Dietitian of the Year Award

Emerging Dietetic Leader Award

Outstanding Dietitian of the Year Award

Outstanding Dietetic Educator Award

Outstanding Dietetics Student Award

Awards limited to IAND members. To learn more go to Members Login:<http://www.eatrightillinois.org>

Would you be willing to present a lecture in one of our meetings? Yes No Would you be willing to volunteer to serve on the NIAND board? Yes No Are you aware of any professional sponsors for the NIAND activities? Yes No

Dr. Sondra King Scholarship Fund/NIU- NIAND annually contributes to this fund. If you wish to contribute, please indicate the amount. I wish to contribute \$ (Please add this amount to the dues). **Northern Illinois Food**

Bank- A donation opportunity. If you wish to contribute, please indicate the amount. I wish to contribute \$ (Please add this amount to the dues).

Make check out to NIAND. Mail this form, a copy of your LDN & Academy membership cards, and dues to: Sara Mattillion, NIAND Treasurer
2310 Openview Drive, Rockford, IL 61102