



DVCSNE MEMBERSHIP APPLICATION/RENEWAL FORM

_____ New Member _____ Membership Renewal

Please print clearly!

Name/Credentials: _____

Occupation/Title: _____

Employer (if applicable): _____

Preferred Address (Home/Work- *circle one*): _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Specialty, Interest(s) or Area(s) of Expertise: _____

Are you a member of the (national) Society for Nutrition Education (SNE)? Yes____ No____

I would like to become a member of the following DVCSNE committees:

Education/Programs: _____ Membership: _____ Communications/Newsletter: _____

DUES:

Regular Member - \$30 \$_____

Student or Intern - \$15 \$_____ Name of College or Internship: _____

(OPTIONAL) Donation to
DVCSNE Grant/Scholarship Fund \$ 10.00 (suggested donation - or enter other amount)

Total Enclosed: \$_____

Make checks payable to **DVCSNE** and return this form with payment to:

Heidi Gorniok
2041 Spring Mill Rd
Conshohocken, PA 19428

Membership applications are accepted year-round and are renewed at the start of each calendar year.