

SNEB Membership Application

Mail your membership application and payment to SNEB, 3502 Woodview Trace, Ste 300, Indianapolis, IN 46268 or fax (credit card payments only) to 317-280-8527. Please fill in the form on your computer and return it to SNEB.

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| --- | --- | --- | --- |
|       |       |       |       |
| Last | First | MI | Degree/Credential |

Please indicate: [ ]  Home Address [ ]  Work Address

Street Address

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
| City | State | Postal Code | Country |

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Daytime Telephone | Fax | Home Telephone |

|  |  |
| --- | --- |
|       |       |
| Organization/Business/Employer | Email |

**Education Experience**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
| Accredited Institution | City | State | Country |
|  |  |  |  |
|       |       |       |  |
| Major | Year of Graduation | Degree |  |
|  |  |  |  |
|       |
| Membership in Related Organizations (Please spell out, do not abbreviate. Use separate sheet if necessary.) |
|  |
|       |
| Related experience in health, food, agriculture, education, communications or nutrition-related positions. (Please include years. Use separate sheet if necessary.) |

**Fees Schedule:** First year dues are prorated based on the month your application is approved. For rates, see attached or visit www.sneb.org. If you have any questions, please contact the office at 800-235-6690, 317-328-4637, or info@sneb.org.

### Divisions: You are eligible to join two divisions without charge in your first year of membership.\* One division is included with membership in subsequent years. Additional divisions are $10 annually. Student members are automatically placed in the Student Division at no cost.

**Primary****\***

**Second\***

**Third**

**Fourth**

###### Student Members ONLY: Please have a faculty member sign your application certifying that you are currently registered as a full-time student or actively working on a degree. *Enrollment in a dietetic intern program qualifies you as a student member. If you do not have a faculty advisor, please have your internship supervisor verify your membership application.*

Faculty name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty signature

### Payment Information

|  |  |
| --- | --- |
| **Membership Category** |  |
| **Dues Amount** |       |
| **Additional Division(s)** |       |
| [ ]  Members living outside of the United States should add $20 to offset postage  |       |
| Method of Payment |
| [ ]  Check | [ ]  Mastercard | [ ]  Visa | [ ]  AmEx |
| Credit card Number:       |
| Expiration Date:       | CVV:       |
| Billing Address: Billing City, State, Zip:  |
|  |
| Signature |

11/14/2019

