SNE/ SNEF Organizational Membership Application

Mail your application and payment to SNE, 9100 Purdue Road, Suite 200, Indianapolis, IN 46268 or fax (credit card payments only) to 317-280-8527. Please type or print clearly.

Representative's Last | First | MI | Degree/Credential

Organization Name

Organization Street Address

City | State | Postal Code | Country

Telephone | Fax

E-mail

Representative's Education Experience

Accredited Institution | City | State | Country

Major | Year of Graduation | Degree

Membership in Related Organization (Please spell out, do not abbreviate. Use separate sheet if necessary.)

Credentials (Please write out full name.)

Related Experience (Please include years. Use separate sheet if necessary.)

Payment Information

SNE/ SNEF Non-Profit Organizational Member ❑$1,500

SNE/SNEF Small Business Organizational Member ❑$3,500

SNE/SNEF Corporate Organizational Member ❑$5,000

Please see Organizational Member Benefits document for complete value-added benefits for each level of membership.

Total Amount Paid $_____

Method of Payment

All checks/money orders must be in US dollars and payable to the Society for Nutrition Education.

❑ Check no. _____ enclosed ❑ Visa
❑ MasterCard ❑ American Express

Card number exp. Date

Signature of card holder

Divisions

Your representative is eligible to join up to three divisions without charge. Please indicate your primary division by marking it with a P and check any additional divisions.

_____ Nutrition Education with Industry
_____ Communications
_____ Social Marketing Networks
_____ Higher Education
_____ Sustainable Food Systems
_____ International Nutrition Education\
_____ Weight Realities
_____ Food & Nutrition Extension
_____ Public Health Nutrition Education
_____ Healthy Aging
_____ Nutrition Education for Children