



**INTERNATIONAL AND AMERICAN ASSOCIATIONS  
OF CLINICAL NUTRITIONISTS (IAACN)**

**MEMBERSHIP CATAGORIES AND ANNUAL DUES:**

**All Personal Information Must Be Filled Out to Submit**

**Date:**

**Name:**

**Degree: School Year**

**Degree: School Year**

**Degree: School Year**

**Office Address:**

**City: State: Zip Code:**

**Residence Address:**

**City: State: Zip Code:**

**Email Address:**

**Telephone: Office Mobile Fax**

**Preferred Mailing Address: Home Office (Check All Appropriate Boxes)**

**PROFESSIONAL MEMBER ..... \$395 in full**  
Entitles to all benefits, rights and privileges accorded to Professional Members. **\$33 a month Auto Pay**  
Credit Card or Bank

**STUDENT MEMBER ..... \$45**  
Open to full-time students enrolled in a college or university pursuing a  
degree in science and/or nutrition. **School: School ID#**

**CORPORATE MEMBER ..... \$900**  
Open to any business, organization, or corporation involved in nutrition,  
nutritionally related products or services, or motivation to further the course  
of clinical nutrition.

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