



### APPLICATION FOR ACTIVE MEMBERSHIP

**NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY, SIGNED, DATED AND SUBMITTED WITH PAYMENT PRIOR TO CONSIDERATION.**

<i>(Please Print) First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Street Address</i>	<i>City/Town</i>	<i>Province</i>
<i>Postal Code</i>	<i>Telephone #</i>	<i>e-mail Address</i>
<i>CSNM Accredited School Name</i>		
<i>CSNM Accredited Program Name</i>		
<i>School Location</i>		<i>Graduation Date</i>

**\*\* Membership fees are due on or before April 1<sup>st</sup> to avoid a reinstatement fee being added\*\***

**CSNM Membership Year - April 1<sup>st</sup> – March 31<sup>st</sup>**

**New applications are welcome at any time during the fiscal year.  
Fees cannot be pro-rated, refunded or transferred.**

**For a complete list of CSNM accredited learning programs visit our website [www.csnm.ca](http://www.csnm.ca)**

Employment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Unemployed		
Employer Type	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Public Health	<input type="checkbox"/> LTC
	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Corrections
	<input type="checkbox"/> Supplier	<input type="checkbox"/> Health Spa	<input type="checkbox"/> Other

<i>Employers Name</i>	<i>Current Position</i>
<i>Street Address</i>	<i>Province</i>
<i>City/Town</i>	
<i>Postal Code</i>	<i>e-mail address</i>
<i>Telephone #</i>	
<i>Signature</i>	<i>Date</i>

**Payment by cheque or money order (postal or bank) payable to Canadian Society of Nutrition Management or by Credit Card.**

<input type="checkbox"/>		Name Appearing On Card	Date of Expiry	
<input type="checkbox"/>		Card Number	Month	Year
<b>CVC number:</b> (3 digits on back of card)		Address associated with the credit card		
<b>AUTHORIZATION</b>  <i>I authorize CSNM to charge to my credit card</i>  \$ _____		Signature of Card Holder		Date

***All qualifying members are required to provide the following:***

- Copy of your graduation diploma/degree if you have completed a CSNM accredited program in Food and Nutrition Management ***within the last 2 years***
- Copy of your graduation diploma/degree as well as a copy of your transcript of marks for graduates from an accredited program ***greater than 2 years from date of application***
- Copy of your graduation diploma/degree, transcript of marks, as well as a course syllabus and/or course outline, ***if you have completed other programs of study in Food and Nutrition Management that have not been accredited by our Society***
- International Students: ***if you have completed other programs of study in Food and Nutrition Management from a different country.***  
Copy of your graduation diploma/degree, transcript of marks, as well as a course syllabus and/or course outline. You must also have your diploma/degree, transcripts and course syllabus or outline assessed by a Credential Evaluation Service, such as BCIT, ICES or WES. A basic or general report is required.
- \$40.00 application processing fee (non-refundable).

*Please note, If you are a CSNM student member who has recently graduated, the application processing fee is waived. Submission of the current annual membership fee only is required*