

## APPLICATION FOR CORPORATE MEMBERSHIP

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

<i>Organization Name</i>		<i>Contact 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>

**For information regarding the Canadian Society of Nutrition Management please visit our website at [www.csnm.ca](http://www.csnm.ca)**

Type of Organization	<input type="checkbox"/> Food Distributor	<input type="checkbox"/> Public Health	<input type="checkbox"/> Government
	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Research	<input type="checkbox"/> Corrections
	<input type="checkbox"/> Supplier	<input type="checkbox"/> Health Spa	<input type="checkbox"/> Other



### Benefits of a Corporate Membership:

1. Food Service and Nutrition Magazine; Canadian Society of Nutrition Management News (4 publications/year)
2. Invited to attend CSNM events at the discounted membership rate and network with other members
3. Receive a Membership Certificate
4. Have the opportunity to sponsor Education and Social Events
5. Have your company logo displayed on the CSNM Website, "Corporate Members", section and in the magazine
6. Receive a 10% discount on advertising in the magazine or on the website

***Please ensure the \$500.00 Corporate Membership fee is enclosed with your application.***

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

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

<input type="checkbox"/>   <input type="checkbox"/> 	Name Appearing On Card <hr/> Card Number	Date of Expiry 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