



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 1st to avoid a reinstatement fee being added****

CSNM Membership Year - April 1st – March 31st

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

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>City/Town</i>	_____ <i>Province</i>
_____ <i>Postal Code</i>	_____ <i>Telephone #</i>	_____ <i>e-mail address</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 Month Year	
<input type="checkbox"/>	Card Number		
CVC number: (3 digits on back of card)	Address associated with the credit card		
AUTHORIZATION <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

- ☐ **NEW** Provide proof of English or French Language Requirements.

Applicants will be required to provide documented proof of minimum English or French skills before being eligible to write the CSNM Entrance Examination in their chosen language of English or French.

Applicants exempt from providing this information are graduates from a CSNM Accredited Program and Registered Dietitians (from Canada). Visit the CSNM Website www.csnm.ca under Membership Requirements to see the forms of acceptable proof of English or French.