

# - PRE-PROFESSIONAL - MEMBERSHIP APPLICATION

ANFP 406 Surrey Woods Dr. St. Charles, IL 60174  
Phone: 800.323.1908 Fax: 630.587.6308 www.ANFPonline.org



Association of  
Nutrition & Foodservice  
Professionals

## APPLICATION INFORMATION

Please type or print clearly the information you wish to be shown on all ANFP records and correspondence

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail (Required) \_\_\_\_\_

Birthdate (MM/DD/YYYY) \_\_\_\_\_  Male  Female

Please choose your preferred mailing address:  Home Address  Business Address

## EDUCATION/EMPLOYMENT INFORMATION

School Name \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Business E-mail \_\_\_\_\_

## PAYMENT METHOD

**\$64.00 Full Year**

Joining between April 1 & Nov. 30

**\$37.00 Half Year**

Joining between Dec. 1 & March 31

Check or Money Order Enclosed (make payable to **ANFP** in U.S. Dollars)

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code\* \_\_\_\_\_  
Only U.S. Bank Issued Cards Are Accepted

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*The CVV code is the 3 or 4 digit security code located on the front or back of your credit card.

## ANSWERS REQUIRED

### 1. Please check your work setting:

- Nursing Home \_\_\_\_\_ # of Beds
- CCRC
- Hospital \_\_\_\_\_ # of Beds
- Day Care
- Residential Care Facility
- Community Feeding
- Correctional Facility
- Meals on Wheels
- Mental Health Facility
- Assisted/Independent Living Facility
- Other Long-Term Care Facility
- School Food Service
- Retirement Community
- Military
- Other Describe \_\_\_\_\_

### 2. I work with a Foodservice Distributor:

Yes  No

If yes, please list name of distributor: \_\_\_\_\_

### 3. I work with a Group Purchasing Organization (GPO):

Yes  No

If yes, please list name of GPO: \_\_\_\_\_

**Important dues information:** The ANFP membership year runs June 1 through May 31. Members who join between April 1 and May 31 will receive a full year of benefits. Members who join between December 1 and March 31 will receive a half year of benefits. **NOTE: Half year members will receive full year membership billing the following June.** All above dues/fees include a one-time \$10 application fee. ANFP is a not-for-profit Illinois corporation, tax exempt under IRS Code Section 501(c)(6), FEIN 36-6076941. ANFP membership dues are not deductible as a charitable contribution for income tax purposes, but may be deductible as a business expense. A portion of dues, 1%, is not deductible because of ANFP's lobbying activity. \$15 of ANFP Membership Dues is for a one-year subscription to Nutrition & Foodservice Edge magazine. ANFP membership dues are non-refundable and non-transferable.

## MEMBER BENEFITS BY MEMBER TYPE:

Member Benefit	Professional	Allied Professional	Pre-Professional
Right to hold office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voting rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discount on certification fee and automatic upgrade to certified status after credentialing exam is passed. Applies to qualified members.*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Salary Survey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 issues of <i>Nutrition &amp; Foodservice Edge</i> magazine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
eNews monthly online newsletter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Scholarship opportunities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Government and public relations advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Healthcare Caterers International membership and Library	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Online employment system	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Special discounted member pricing for ANFP products and services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local chapter membership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24/7 Members-only access to website, online community, and electronic version of <i>Nutrition &amp; Foodservice Edge</i> magazine.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**\*Allied and Pre-Professional members must meet educational and experience requirements in order to sit for the Certification Exam. Please visit [www.CBDOnline.org/eligibility](http://www.CBDOnline.org/eligibility) for more information.**

**For a full list of member benefits, please visit [www.ANFPOnline.org/benefits](http://www.ANFPOnline.org/benefits).**

**Do you have questions? Please call 1-800-323-1908 or e-mail [info@ANFPOnline.org](mailto:info@ANFPOnline.org).**