



## Membership Registration Form

Name and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ AND #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***Please list ideas for CPE topics at our PAND meetings***

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The Portland Academy of Nutrition & Dietetics programs (September–June) are open to both Academy of Nutrition & Dietetics members and non-members. Membership is \$26 except for students and interns, who pay a reduced \$5 fee.

Please send your dues along with this form to:

**Portland Academy of Nutrition & Dietetics  
PO Box 6884  
Portland, OR 97228-6884**

**Make checks payable to: Portland Academy of Nutrition & Dietetics**

Thank You!