

MEMBERSHIP APPLICATION JUNE 1, 2022 - MAY 31, 2023

Your annual AND dues payment automatically enrolls you as a member of the NY State Academy of Nutrition & Dietetics (NYSAND) BUT NOT the Long Island Academy of Nutrition & Dietetics (LIAND). To be a member of LIAND, you must be a current member of AND. Please complete this form, and submit your dues payment with proof of AND membership. To find out more about AND membership, visit www.eatright.org.

To submit membership application and payment online, visit www.eatrightli.org

AND#_	Credential: RD/RDN or DTR (please specify)										
Name:									-		
Addres	ss*:								_		
City: _	State	_Zip	Cou	nty:				_			
Phone	:: (Print E-M	ail Addres	ss Clearly	·*					_		
	* Note: All	l future no	tices will	be :	sent v	ria E-l	MAIL.				
Practio			tion and R	ese	arch						on
LIAND	Dues: payable to LIDA (or Long Isla Check current AND Status	and Dietet	tics Asso	ciati	on)						
	Active		• .	-						discount	
	Associate Retired	\$35 – \$30	Sign-up	by	5/31	and	receive	а	\$5	discount	(\$30)
	Student/Affiliate	•	lease inclu	ıde a	а сору	of st	udent ID	car	d)		
Please	e consider including a donation to:										
	Stacy Surkis Memorial LIAND Schol	•									
	NYSAND PAC (supports licensure)		9	5							
	Food Fund Donation for LI Charities	3	5	B							
	PAYMENT TOTAL		S	B							

Dues are payable for the LIAND calendar year (6/1-5/31), regardless of when you join.

RETURNED CHECKS ARE SUBJECT TO A \$20 SERVICE CHARGE

To mail in your application, please contact the Membership chairperson @ $\underline{ LIDAmembership@gmail.com}$

**Applications must include a copy of your current AND membership card or receipt of payment.

LIAND membership cards available upon request. To have your card e-mailed to you, circle: YES / NO

The Long Island Academy of Nutrition and Dietetics welcomes your input and strongly encourages you to participate in the Association's committees.

Please check any committee(s) in which contact you.	ch you would like to participate and the chair of the committee will
Legislation/ Public Policy Sponsorship/ Fundraising Public Relations (health fairs, screenings, career fairs)	Annual Food & Nutrition Expo Student Nominating
Check here if you would like to be o	considered as one of our speakers for a seminar this year
guidance and support. If you would	ofession and prospective students and interns need our like to be listed as a potential preceptor and/or mentor for your details below (information will be listed on our
Name:	Area of Practice:
Phone number:	Email Address:
Preceptor	MentorBoth
often get inquires from community r	a resource to the community members of Long Island. We nembers seeking a dietitian. Do you have a private e LIAND to promote on your behalf?
By filling out the details below, you awebsite:	authorize LIAND to share the following information on our
Your Name and Credentials:	
Name of Business:	Business Phone: ()
Business E-mail:	Website:
Address of Business:	
Business hours of operation:	
	nanagement, diabetes, eating disorders, functional medicine,

etc.):	
Other pertinent information:	