

MEMBERSHIP APPLICATION

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This application is for use with the Real Rewards Cafe/ANFP partnership program only.

APPLICATION INFORMATION	ANSWERS REQUIRED
<p>Please type or print clearly the information you wish to be shown on all ANFP records and correspondence</p> <p>First Name _____ MI ____ Last Name _____</p> <p>Title _____</p> <p>Home Address _____ Apt # _____</p> <p>City _____ State/Province _____ Zip _____</p> <p>Home Phone (____) _____ Cell Phone (____) _____</p> <p>E-mail (non work e-mail preferred) _____</p> <p>Birthdate (MM/DD/YYYY) _____</p>	<p>1. Please check your work setting:</p> <p>[] Nursing Home _____ # of beds</p> <p>[] CCRC</p> <p>[] Hospital _____ # of beds</p> <p>[] Day Care</p> <p>[] Residential Care Facility</p> <p>[] Community Feeding</p> <p>[] Correctional Facility</p> <p>[] Meals on Wheels</p> <p>[] Mental Health Facility</p> <p>[] Assisted/Independent Living</p> <p>[] Other Long-Term Care Facility</p> <p>[] School Food Service</p> <p>[] Retirement Community</p> <p>[] Military</p> <p>[] Other Describe _____</p> <p>2. I work with a Foodservice Distributor:</p> <p>[] Yes [] No</p> <p>If yes, please list name: _____</p> <p>2. I work with a Group Purchasing Organization (GPO):</p> <p>[] Yes [] No</p> <p>If yes, please list name: _____</p>
EDUCATION/EMPLOYMENT INFORMATION	
<p>School Name _____</p> <p>City _____ State/Province _____</p> <p>Academic Degree _____ Graduation Date _____</p> <p>-----</p> <p>Employer _____</p> <p>Employer Address _____</p> <p>City _____ State/Province _____ Zip _____</p> <p>Business Phone (____) _____</p> <p>Business E-mail _____</p>	

MEMBERSHIP INFORMATION

ALLIED PROFESSIONAL MEMBERSHIP	PRE-PROFESSIONAL MEMBERSHIP
<p>[] \$110 Full Year: Joining between April and November</p> <p>[] \$61 Half Year: Joining between December and March</p> <p>For individuals who meet any of the following criteria, you must apply for membership under this category.</p> <ul style="list-style-type: none"> • Possess a two-year, four-year or advanced degree in food service, culinary arts, healthcare, or related field • Completed a 90-hour, state-approved foodservice manager course; or • Are employed at a supervisory level in nutrition and food service 	<p>[] \$65 Full Year: Joining between April and November</p> <p>[] \$38 Half Year: Joining between December and March</p> <p>For individuals who meet any of the following criteria, you must apply for membership under this category.</p> <ul style="list-style-type: none"> • Employed in nutrition and food service in a non-supervisory role; or • Student enrolled in a comprehensive foodservice management training program

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"/>
6 issues of Nutrition & Foodservice Edge 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 Nutrition & Foodservice Edge 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.CBDMonline.org/eligibility for more information.**

For a full list of member benefits, please visit www.ANFPonline.org/benefits.

Do you have questions? Please call 1-800-323-1908 or e-mail info@ANFPonline.org.