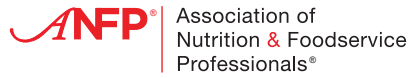


# MEMBERSHIP APPLICATION

Phone: 800.323.1908 | Fax: 630.587.6308  
 www.ANFPonline.org | info@ANFPonline.org



*This application is for use with the Real Foodservice Rewards/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"> <li>• Possess a two-year, four-year or advanced degree in food service, culinary arts, healthcare, or related field</li> <li>• Completed a 90-hour, state-approved foodservice manager course; or</li> <li>• Are employed at a supervisory level in nutrition and food service</li> </ul>	<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"> <li>• Employed in nutrition and food service in a non-supervisory role; or</li> <li>• Student enrolled in a comprehensive foodservice management training program</li> </ul>

## 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](http://www.CBDMonline.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).**