



APPLICATION FOR MEMBERSHIP & CERTIFICATION

THE AMERICAN ASSOCIATION OF NUTRITIONAL CONSULTANTS
220 Parker Street, Warsaw, Indiana 46580 • 1-888-828-AANC / FAX 1-574-268-2120
www.aanc.net • registrar@aanc.net

PLEASE SUBMIT A COLOR PHOTO (THAT CLEARLY SHOWS YOUR FACE) WITH THIS COMPLETED APPLICATION AND YOUR FEES. THE PHOTO IS FOR IDENTIFICATION PURPOSES ONLY AND IS NOT PRINTED OR PUBLISHED IN ANY WAY.

PLEASE TYPE OR PRINT USING BLACK INK.

NAME (FIRST/MIDDLE/LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE (_____) _____ EVENING PHONE (_____) _____

FAX (_____) _____ EMAIL _____

DATE OF BIRTH (M/D/Y) _____

HIGH SCHOOL _____

COLLEGE/TRADE SCHOOL _____ DEGREE(S)/DIPLOMA(S) RECEIVED _____

POST-GRADUATE STUDIES _____

VOCATIONAL OR PROFESSIONAL BACKGROUND _____

PRESENT OCCUPATION _____

WHAT LANGUAGES DO YOU SPEAK FLUENTLY? _____

HOW LONG HAVE YOU BEEN INVOLVED PROFESSIONALLY IN THE FIELD OF NUTRITION? _____

TO WHAT OTHER HEALTH-ORIENTED ASSOCIATIONS DO YOU BELONG? (PLEASE WRITE OUT THE FULL NAME OF ORGANIZATIONS. NO ACRONYMS. LIST NO MORE THAN THREE.)

FOR REFERENCES, PLEASE PROVIDE THE NAMES AND ADDRESSES OF THREE NUTRITION-ORIENTED HEALTH CARE PROFESSIONALS WITH WHOM YOU ARE PROFESSIONALLY ACQUAINTED.

HOW DID YOU FIRST HEAR ABOUT AANC? _____

SIGNATURE _____

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CHOICE OF MEMBERSHIP (REQUIRED)

- ASSOCIATION MEMBERSHIP PROFESSIONAL MEMBERSHIP DIPLOMATE MEMBERSHIP

- ENCLOSED ARE MY MEMBERSHIP DUES IN THE AMOUNT OF \$70.00 (ANNUAL FEE).
 I AM INCLUDING AN ADDITIONAL \$10.00 (ANNUALLY) IF I AM AN INTERNATIONAL MEMBER.

C.N.C. CERTIFICATION APPLICATION (OPTIONAL)

DO NOT CHECK THE FOLLOWING BOXES UNLESS YOU ARE APPLYING FOR C.N.C. CERTIFICATION.

- I UNDERSTAND THAT A ONE TIME FEE OF \$400.00 IS REQUIRED WITH MY APPLICATION FOR C.N.C. CERTIFICATION.
 I UNDERSTAND THAT CERTIFICATION IS ONLY AVAILABLE TO PROFESSIONAL MEMBERS OF THE AANC.
 I UNDERSTAND THAT UPON SUCCESSFUL COMPLETION OF THE CERTIFICATION EXAMINATIONS, I WILL BE ISSUED A SECOND CERTIFICATE IN ADDITION TO MY MEMBERSHIP CERTIFICATE DESIGNATING ME AS A CERTIFIED NUTRITIONAL CONSULTANT (C.N.C.) AND AUTHORIZING ME TO USE THE INITIALS C.N.C. AFTER MY NAME.
 I UNDERSTAND AND AGREE THAT NEITHER THIS APPLICATION NOR THE PAYMENT OF THE EXAMINATION FEES IN ANY WAY GUARANTEES THAT I WILL BE CERTIFIED AND THAT SUCH CERTIFICATION WILL BE ISSUED ONLY UPON SUCCESSFUL COMPLETION OF THE EXAMINATION.
 I UNDERSTAND THAT I WILL BE REFUNDED \$100.00 OF THE EXAMINATION FEE SHOULD I FAIL TO COMPLETE THE EXAMINATION SUCCESSFULLY AFTER THREE ATTEMPTS. THERE WILL BE A 30 DAY MANDATORY WAITING PERIOD BETWEEN THE FIRST AND SECOND ATTEMPT AND A 60 DAY WAITING PERIOD BETWEEN THE SECOND AND THIRD ATTEMPTS.
 I UNDERSTAND THE ANSWERS TO THE C.N.C. CERTIFICATION EXAMINATION WILL COME FROM THE CORRESPONDING BOOK AND GRADED WITH THE ANSWERS FROM THE BOOK.
 ENCLOSED IS MY PAYMENT OF \$400.00 FOR THE EXAMINATION AND ADMINISTRATION FEE.
 ENCLOSED IS MY COLOR PHOTO THAT CLEARLY SHOWS MY FACE (FOR IDENTIFICATION PURPOSES ONLY).

PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON YOUR CERTIFICATE. _____

BY COMPLETING AND SIGNING THIS APPLICATION, I ACCEPT, UNDERSTAND, AND AGREE WITH THOSE TERMS AND CONDITIONS ESTABLISHED BY THE AMERICAN ASSOCIATION OF NUTRITIONAL CONSULTANTS. I UNDERSTAND I WILL BE ENTITLED TO MATERIALS AND MEMBERSHIP SERVICES. I AM VERIFYING THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

SIGNATURE _____ DATE (M/D/Y) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____ EMAIL _____

- PAYMENT AMOUNT: \$70 (AANC MEMBERSHIP ONLY)
Select One \$80 (AANC MEMBERSHIP ONLY — INTERNATIONAL MEMBER)
 \$470 (AANC MEMBERSHIP AND C.N.C. CERTIFICATION)
 \$480 (AANC MEMBERSHIP AND C.N.C. CERTIFICATION — INTERNATIONAL MEMBER)

FORM OF PAYMENT: VISA/MASTERCARD CHECK/MONEY ORDER

VISA/MASTERCARD NUMBER _____ EXPIRATION DATE _____ CVC NUMBER _____

NAME ON CARD _____ NAME OF ISSUING BANK OR CREDIT UNION _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____