



# 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  
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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) \_\_\_\_\_

YEAR COMPLETED HIGH SCHOOL \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU FIRST HEAR ABOUT AANC? \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**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: *Select One*  
 \$70 (AANC MEMBERSHIP ONLY)  
 \$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/DISCOVER/AMEX       CHECK/MONEY ORDER

CREDIT CARD 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 \_\_\_\_\_