

**Student Membership Application**  
**Membership: February 1, 2025—May 31, 2026**  
*(application valid through April 4, 2025)*

**PLEASE PRINT**

Academy/CDR ID Number \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country\*\* \_\_\_\_\_  
*(\*\*Individuals from the EU must also complete and submit a Data Use Consent)*

Maiden/Former Name \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 (If applicable circle one) (circle one: Home Business Mobile)

Primary E-mail \_\_\_\_\_  
*By providing my e-mail, I consent to receive any e-mails that the Academy and its related organizations (state affiliates, dietetic practice /member interest/Academy groups) may elect to send.*

*For your membership and/or credential security, date of birth and mother's maiden name are required and will be used for identification verification.*

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 (MM/DD/YYYY)

**Who referred you to join today?**

Please enter full name and location (city and state): \_\_\_\_\_

**Student Member**

- Is a student currently enrolled in a ACEND-accredited or approved dietetics program who does not meet requirements for Active membership.
- Is a student enrolled in a USDE recognized, post-secondary education program that ACEND has not accredited or approved. This classification is available to students who state their intent to enter a ACEND-accredited or approved program.

Student membership dues: \$63.00

I am enrolled full-time in an **ACEND accredited** dietetics program.  
 (Check one)

- Didactic (DPD)                       Graduate Program (GP)  
 Coordinated (CP)                       Dietetic Internship (DI)  
 Dietetic Technician (DT)  
 DPD with Individualized Supervised Practice Pathway (ISPP)  
 Dietetics program with ISPP for doctoral degree holders

I am not enrolled in an ACEND accredited dietetics program, but am enrolled full-time in a USDE recognized college/university.  
 (Check one)

- Undergraduate  
 Graduate (not an ACEND Graduate Program)

Name of college/university or dietetics program: \_\_\_\_\_

Anticipated date of graduation or program completion: \_\_\_\_\_

*Please note that Academy of Nutrition and Dietetics (Academy) membership status is separate and distinct from current/former status as an RD/RDN or DTR/NDTR administered by the Commission on Dietetic Registration (CDR). If you are/were credentialed as an RD/RDN or DTR/NDTR by CDR and would like to address issues relating to your current/former credential, contact CDR at 800-877-1600 Option 2 or cdr@eatright.org.*

**State Affiliate Designation** You may select one state affiliate dietetic association. If no selection is made, you will be assigned to the state affiliate corresponding to address of record. Those with foreign or APO/FPO addresses who do not select an affiliate will be assigned the International Affiliate of the Academy of Nutrition and Dietetics (IAAND). **Indicate preferred state affiliate** \_\_\_\_\_

By checking this box, I acknowledge that by accepting membership in the Academy, I agree to abide by the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession as amended from time to time, the Academy Bylaws and regulations, and to hold harmless the Academy, its members and employees for their activities in enforcing them. I also consent to receive any faxes or e-mails that the Academy and its related organizations (affiliates, DPGs MIGs, and Academy Groups) may elect to send to me.

I certify that the information presented in this application is accurate to the best of my knowledge. The Academy has the right to verify the information presented and I understand that any information on this application that is falsified is in violation of the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession. I also understand the Academy reserves the right to revoke my membership if I am found to be in violation of the Code of Ethics for the Nutrition and Dietetics Profession. To view the complete Academy/CDR Code of Ethics, visit [www.eatrightPRO.org](http://www.eatrightPRO.org).

Signature (Required) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Method of Payment**

For your security, if paying with a credit card or ACH you are encouraged to apply online at [www.eatrightPRO.org/join](http://www.eatrightPRO.org/join).

Mail completed application and required documentation along with your check to:  
 Academy of Nutrition and Dietetics  
 Attention: Membership Team,  
 120 South Riverside Plaza, Suite 2190  
 Chicago, Illinois 60606-6995

Make checks payable to: Academy of Nutrition and Dietetics  
 (Payments accepted in US dollars only.)

Academy Membership Dues:	\$63.00
Total DPG, MIG and Academy Group Dues (from reverse):	_____
Academy of Nutrition and Dietetics Foundation (ANDF) Contribution:	_____
Academy of Nutrition and Dietetics Political Action Committee (ANDPAC) Contribution:	_____
Pay This Total Amount:	_____

Promotion Code: \_\_\_\_\_

Academy of Nutrition and Dietetics (the Academy) dues must be paid in full based upon your membership category. Membership, DPG, MIG and Academy Group dues and processing fees are non-refundable and non-transferable. Academy dues include an allocation for membership in the state affiliate. Academy dues are not deductible as charitable contributions, but dues may be deductible as ordinary business expenses. It is estimated that 10% of the total dues amount is allocated to lobbying activity and is therefore not deductible. **The Academy of Nutrition and Dietetics is an equal opportunity organization.**

**Don't forget to complete the next page ►**

# Academy of Nutrition and Dietetics Active Membership Application: February 1, 2025—May 31, 2026

**DPG, MIG, and Academy Group memberships will begin upon receipt/processing and expire May 31, 2026.**

DPG, MIG and Academy Group dues are not prorated, refundable or transferable.

## Member Interest Groups (MIGs) Those who share a common interest, focused on areas other than the practice of dietetics or geographic location.

- |  |  |
|--|--|
| <input type="checkbox"/> Asian Americans and Pacific Islanders (AAPI) #67 (\$10)           | <input type="checkbox"/> Indians in Nutrition and Dietetics (IND) #60 (\$10)                             |
| <input type="checkbox"/> Cultures of Gender and Age (COGA) #61 (\$12.50)                   | <input type="checkbox"/> Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN) #01 (\$20)           |
| <input type="checkbox"/> Disabilities in Nutrition and Dietetics (Disabilities) #69 (\$10) | <input type="checkbox"/> National Organization of Blacks in Dietetics and Nutrition (NOBIDAN) #04 (\$15) |
| <input type="checkbox"/> Global Member Interest Group (GMIG) #68 (\$15)                    | <input type="checkbox"/> Religion Member Interest Group (RMIG) #62 (\$10)                                |

**MIG Total (enter on reverse side of application)**

## Dietetic Practice Groups (DPGs) Professional interest groups that provide opportunities for leadership, career development and networking.

- |  |  |
|--|--|
| <input type="checkbox"/> Behavioral Health Nutrition (BHN) #12 (\$15)                        | <input type="checkbox"/> Nutrition Educators of Health Professionals (NEHP) #51 (\$15) |
| <input type="checkbox"/> Cardiovascular Health and Well-being (CV-WELL) #34 (\$15)           | <input type="checkbox"/> Nutrition Entrepreneurs (NE) #30 (\$20)                       |
| <input type="checkbox"/> Clinical Nutrition Management (CNM) #44 (\$15)                      | <input type="checkbox"/> Nutrition Informatics (NI) #47 (\$15)                         |
| <input type="checkbox"/> Diabetes (DDPG) #23 (\$20)  | <input type="checkbox"/> Oncology Nutrition (ON) #20 (\$15)                            |
| <input type="checkbox"/> Dietetics in Health Care Communities (DHCC) #31 (\$10)              | <input type="checkbox"/> Pediatric Nutrition (PNPG) #22 (\$20)                         |
| <input type="checkbox"/> Dietitians in Business and Communications (DBC) #32 (\$25)          | <input type="checkbox"/> Public Health/Community Nutrition (PHCNPG) #10 (\$20)         |
| <input type="checkbox"/> Dietitians in Integrative and Functional Medicine (DIFM) #18 (\$25) | <input type="checkbox"/> Renal Dietitians (RPG) #21 (\$20)                             |
| <input type="checkbox"/> Dietitians in Medical Nutrition Therapy (DMNT) #27 (\$15)           | <input type="checkbox"/> Research (RDPG) #54 (\$25)                                    |
| <input type="checkbox"/> Dietitians in Nutrition Support (DNS) #24 (\$10)                    | <input type="checkbox"/> School Nutrition Services (SNS) #42 (\$20)                    |
| <input type="checkbox"/> Food and Culinary Professionals (FCP) #46 (\$20)                    | <input type="checkbox"/> Sports and Human Performance Nutrition (SHPN) #33 (\$25)      |
| <input type="checkbox"/> Healthy Aging (HA) #11 (\$15)                                       | <input type="checkbox"/> Vegetarian Nutrition (VN) #14 (\$15)                          |
| <input type="checkbox"/> Hunger and Environmental Nutrition (HEN) #15 (\$15)                 | <input type="checkbox"/> Weight Management (WM) #26 (\$20)                             |
| <input type="checkbox"/> Management in Food and Nutrition Systems (MFNS) #41 (\$20)          | <input type="checkbox"/> Women's Health (WH) #28 (\$20)                                |
| <input type="checkbox"/> Nutrition Education for the Public (NEP) #52 (\$20)                 |  |

**DPG Total (enter on reverse side of application)**

## Demographic Information Responses are not used when processing applications. Although your response to any or all of the following is optional, the Academy uses this information to tailor programs and services to meet your needs. *(Individuals from the EU must also complete and submit a Data Use Consent)*

**Gender:**  Female  Male  Non-binary/third gender  Prefer to self-describe  Prefer not to identify

**Ethnicity:**  Hispanic or Latino *(If you are not Hispanic or Latino or prefer not to answer the question, please identify your race by checking one of the boxes below.)*

**Race:**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  
 White  Two or more races  Prefer not to identify

### Practice area (Select one that is most applicable.)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> business and industry | <input type="checkbox"/> clinical nutrition | <input type="checkbox"/> communications  | <input type="checkbox"/> community and public health nutrition |
| <input type="checkbox"/> consultant            | <input type="checkbox"/> education          | <input type="checkbox"/> entrepreneurial | <input type="checkbox"/> executive leadership                  |
| <input type="checkbox"/> informatics           | <input type="checkbox"/> management         | <input type="checkbox"/> research        | <input type="checkbox"/> currently a student                   |

### Focus area (Select one that is most applicable.)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> agriculture                   | <input type="checkbox"/> allergy/immunology                  | <input type="checkbox"/> bariatrics                 | <input type="checkbox"/> cardiovascular                  |
| <input type="checkbox"/> college and university dining | <input type="checkbox"/> community nutrition/public health   | <input type="checkbox"/> communications/journalism  | <input type="checkbox"/> culinary nutrition              |
| <input type="checkbox"/> diabetes care                 | <input type="checkbox"/> digital or mobile health            | <input type="checkbox"/> disordered eating          | <input type="checkbox"/> food and nutrition consultation |
| <input type="checkbox"/> food safety                   | <input type="checkbox"/> gastroenterological nutrition       | <input type="checkbox"/> generalist                 | <input type="checkbox"/> gerontological nutrition        |
| <input type="checkbox"/> global health                 | <input type="checkbox"/> integrative and functional medicine | <input type="checkbox"/> malnutrition               | <input type="checkbox"/> management                      |
| <input type="checkbox"/> marketing                     | <input type="checkbox"/> maternal and child health           | <input type="checkbox"/> media and public relations | <input type="checkbox"/> nutrigenomics                   |
| <input type="checkbox"/> nutrition and food policy     | <input type="checkbox"/> nutrition support                   | <input type="checkbox"/> oncology                   | <input type="checkbox"/> pediatric nutrition             |
| <input type="checkbox"/> preventive care/wellness      | <input type="checkbox"/> quality management                  | <input type="checkbox"/> renal nutrition            | <input type="checkbox"/> school nutrition services       |
| <input type="checkbox"/> sports nutrition              | <input type="checkbox"/> sustainability                      | <input type="checkbox"/> weight management          | <input type="checkbox"/> currently a student             |

### Work/practice setting (Select one that is most applicable.)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> acute-care—inpatient                                    | <input type="checkbox"/> acute-care—outpatient                          | <input type="checkbox"/> ambulatory / outpatient care facility | <input type="checkbox"/> assisted living or group home  |
| <input type="checkbox"/> college and university dining                           | <input type="checkbox"/> college, university or academic medical center | <input type="checkbox"/> contract food management company      | <input type="checkbox"/> correctional facility  |
| <input type="checkbox"/> food or equipment manufacturer, distributor or retailer | <input type="checkbox"/> health or fitness facility                     | <input type="checkbox"/> home health                           | <input type="checkbox"/> hospice or palliative care   |
| <input type="checkbox"/> long-term care  | <input type="checkbox"/> non-governmental organization                  | <input type="checkbox"/> office                                | <input type="checkbox"/> pharmaceutical or nutrition products manufacturer, distributor or retailer |
| <input type="checkbox"/> post-acute or rehab facility                            | <input type="checkbox"/> private practice                               | <input type="checkbox"/> restaurant                            | <input type="checkbox"/> retail   |
| <input type="checkbox"/> school nutrition  | <input type="checkbox"/> social services organization                   | <input type="checkbox"/> sports medicine facility              |   |
| <input type="checkbox"/> surgery center  | <input type="checkbox"/> trade or professional association              | <input type="checkbox"/> currently a student                   |   |

## Data Use Consent

**If you are a resident of the European Union (EU), including the United Kingdom, please fill out this section. This section ensures that the Academy has your consent for use of, and your personal management of, personal identification information within the General Data Protection Regulation (GDPR) of the EU, as of May 25, 2018.**

Academy/CDR ID Number \_\_\_\_\_ (If you were not a former member and do not have an ID Number, leave this blank and a number will be assigned.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

The Academy may share or sell your collected data with vetted partners, exhibitors, and vendors to enable them to communicate with you, via email, about relevant programs and services.

*Please select one of the following options:*

- I **do** consent to the uses of my data described above.  
 I **do not** consent to the uses of my data described above.

The Academy may also request sensitive personal data, such as race or ethnic origin, gender, or disability requirements. Such information is optional and enables the Academy to tailor information to you, provide needed services, or gather data about demographics.

*Please select one of the following options:*

- I **do** consent to the uses of my data described above.  
 I **do not** consent to the uses of my data described above.

The Academy takes precautions to safeguard your personal information against loss, theft, and misuse, as well as unauthorized access, disclosure, alteration and destruction through use of administrative and technical security measures.

You can withdraw your consent at any time by contacting us at [manageconsent@eatright.org](mailto:manageconsent@eatright.org). Otherwise, we will retain this data for up to 7 years.

For more information, please see our Privacy Notice at: <https://www.eatrightpro.org/about-us/our-policies/privacy-policy>



# Academy of Nutrition and Dietetics— Membership Categories and Qualifications

**Active Member** Any person who meets one or more of the following criteria:

- Is a registered dietitian (RD); registered dietitian nutritionist (RDN); dietetic technician, registered (DTR); nutrition and dietetics technician, registered (NDTR); or has established eligibility to write the Registration Examination for Dietitians or Dietetic Technicians, administered by the Commission on Dietetic Registration (CDR).
  - No Documents Required
- Has completed a baccalaureate degree and dietetics program (Plan IV, Plan V, Didactic, Graduate Program, Dietetic Internship, Coordinated, AP4 or Individualized Supervised Practice Pathway (ISPP) programs) that the Accreditation Council for Education in Nutrition and Dietetics (ACEND) has accredited or approved.
  - Verification Statement identifying ACEND Program Completion
- Has completed an associate degree program for dietetic technicians that ACEND has accredited or approved.
  - Original Transcript or Confirming Statement from the Registrar
  - Verification Statement identifying ACEND Program Completion
- Has earned a master's or doctoral degree (or foreign equivalent) not through an ACEND accredited Graduate Program and holds any one degree (baccalaureate, master's or doctoral) in one of the following areas: dietetics, food and nutrition, nutrition, community/public health nutrition, food science and/or food service systems management. A USDE recognized college or university must confer degrees used to satisfy membership qualifications.
  - Original Transcript or Confirming Statement (of highest degree earned) from the Registrar
  - Original Transcript Confirming Degree in Specified Area (Note: If the highest degree was obtained in one of the above specialty areas, submit that transcript only)
- Is an active member of the Dietitians of Canada (DC).
  - Copy of current Dietitians of Canada membership card

**Note:** *Original transcripts or confirming statements from the registrar must include the degree earned, date the degree was conferred and seal of the college or university. Verification Statement of ACEND Program Completion is provided by the Program Director upon completion of the program.*

**Privileges of Active Membership** Active members whose dues are not in arrears shall be entitled one vote in each matter subject to member vote and are eligible to hold elected and appointed offices and positions at the national level. Active members shall be eligible to hold elected and appointed offices and positions at the affiliate level as designated by the affiliate dietetic association.

**Student Member (This category carries an eight-year limit)**

Any person who meets one or more of the following criteria:

- Is a student currently enrolled in a ACEND-accredited or approved dietetics program who does not meet requirements for Active membership.
- Is a student enrolled in a USDE recognize, post-secondary education program that ACEND has not accredited or approved. This classification is available to students who state their intent to enter a ACEND-accredited or approved program.
- Is a current Active member returning to school on a full-time basis for a baccalaureate or advanced degree or to complete a ACEND-accredited or approved dietetics program. Annual verification required.
  - Statement of Student Status (*student transcript, letter from ACEND Program Director or class schedule*)
  - Returning Student Application Form

**Privileges of Student Membership** Student members whose dues are not in arrears shall have a right to vote in national or affiliate elections and be eligible to hold appointed positions at the national and affiliate levels if a resident of the United States or US Territories. Student members shall not have a right to hold elected positions on the national or affiliate levels. This does not apply to the Academy's Student Advisory Committee, whose members are elected by Academy student members.

**Retired Member** Any dietetics practitioner qualifying for the Active membership category who is:

- No longer gainfully employed (defined as making equal to, or more than, the current Federal poverty level for an individual) in dietetic practice or education and is at least 62 years of age.
  - Verification of birthdate.
- On total (permanent) disability.
  - Copy of the Social Security Determination of Disability Form or statement from a medical doctor attesting to your disability and its permanence.

**Privileges of Retired Membership** Retired members whose dues are not in arrears shall be entitled to the rights of the Active membership category.

**International Member** Any person who:

- Has completed formal training in food, nutrition or dietetics received outside the United States and US Territories, verified by the country's professional dietetics association or national regulatory body.
  - International Membership Verification Form
- Is a student enrolled in a food, nutrition or dietetics education program outside the United States and US Territories which is not a USDE recognized institution and is not accredited by ACEND. This classification carries a six-year limit and is available for international students who state their intent to complete formal training in food, nutrition or dietetics outside the US and US Territories as verified by their education program.
  - International Membership Verification Form

**Privileges of International Membership** International members may be members of committees and attend meetings. International members shall be entitled to vote and eligible to hold elected office at the affiliate level. International Student members may be members of committees and attend meetings, International Student members shall be able to vote at the affiliate level but shall not have a right to hold elected offices at the national and affiliate levels.

**Note:** *In accordance with U.S. sanctions laws, the Academy of Nutrition and Dietetics cannot accept as members persons from the countries embargoed by the United States, including Iran, Syria, Cuba, North Korea and the Crimea region of Ukraine, or who are subject to any U.S. list-based sanctions.*

**Associate Member** Any person who is not eligible for Active, Student, Retired or International category membership and:

- Has a valid U.S. license or certification as:
  - Certified Culinary Professional \*
  - Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) \*
  - Certified in Comprehensive Food Safety (CCFS) \*
  - Certified Health Education Specialist (CHES) \*
  - Certified Midwife (CM or CMN)
  - Certified Professional—Food Safety (CP-FS) \*
  - Certified Sports Medicine Practitioner \*
  - Clinical Psychologist (LCP or CP)
  - Clinical Social Worker (CSW, LSW or LCSW)
  - Dental Hygienist (BS-DH, RDH or LDH) \*
  - Dentist (DDS or DMD)
  - Nurse Practitioner (NP)
  - Occupational Therapist (OT)
  - Pharmacist (RPh or PharmD)
  - Physical Therapist (PT)
  - Physician (MD or DO)
  - Physician Assistant (PA)
  - Registered Environmental Health Specialist/  
Registered Sanitarian (REHS or RS)
  - Registered Nurse (RN) \*
  - School Nutrition Specialist (SNS) \*
  - Speech-Language Pathologist (CCC-SLP)

**NOTE:** \* Requires verification of license or certification in the specified profession and verification of related degree.

Other professional designations only require proof of license, training or certification.

- Has a bachelor's, master's or doctoral degree from a USDE recognized college/university in agriculture, biochemistry, computer science, family and consumer science, home economics, hospitality and tourism, hotel restaurant and institutional management, microbiology, public health or public policy.
  - Original Transcript Confirming Degree in Specified Area

**Note:** *Original transcripts or confirming statements from the registrar must include the degree earned, date the degree was conferred and seal of the college or university.*

**Privileges of Associate Membership** Associate members whose fees are not in arrears shall have access to applicable Academy benefits, products, and services and be eligible to hold appointed positions at the national, affiliate (state), and dietetic practice and member interest group (DPG and MIG) levels.

**Associate members shall NOT have the right to:** Hold elected positions on the national, affiliate (state), and DPG/MIG levels; vote in national, affiliate (state), and DPG/MIG elections; be listed in Find a Registered Dietitian Nutritionist; post to member blogs; take the Commission on Dietetic Registration's (CDR) Certification Courses; participate in the Academy's professional liability insurance program.

## Additional information for completing the application.

**Academy Membership Year** The Academy's membership year is June 1—May 31. Membership will begin upon receipt/processing and will expire May 31, 2026.

### Application Guidelines

- Applications (submitted online, by mail, email or fax) are considered incomplete without submission of the required payment and documentation as identified for each membership category.
- Please type or print all information on the forms using US English characters.
- Applications must be signed.
- Please allow 2-3 weeks for application processing.
- Incomplete applications will be held for 30 days to allow for submission of required documents. After 30 days, incomplete applications will be voided and membership dues will be returned/refunded. Application fees are non-refundable.

### Academy Identification Number

(Same as CDR Registration ID)

If you are a registered dietitian (RD); registered dietitian nutritionist (RDN); dietetic technician, registered (DTR); nutrition and dietetics technician, registered (NDTR); or former member of the Academy, include your ID number in the space provided.

**Contact Information** Include your complete formal name, address, daytime telephone number and preferred e-mail address in the spaces provided. In the interest of speed and ease, the preferred method of communication with applicants regarding their application is e-mail. *Name changes must be submitted in writing along with original or notarized copies of legal documentation (marriage license/certificates, divorce decree, court order).* Visit [eatrightPRO.org](http://eatrightPRO.org) to obtain a name/address change form.

**Data Use Consent** If you are a resident of the European Union (EU), including the United Kingdom, complete a Data Use Consent and submit along with your application for membership. This section ensures that the Academy has your consent for use of, and your personal management of, personal identification information within the General Data Protection Regulation of the EU.

**Supporting Documents** may be required and are based upon the membership category and qualifications. Additional information is available on the application and the Categories and Qualifications listing on the reverse side.

- Verification Statement of ACEND Program Completion is provided by the Program Director upon completion of the program.
- Original transcripts or confirming statements (of the highest degree earned) from the registrar must include the degree earned, date the degree was conferred and seal of the college or university. Photocopies are not accepted.
- Statement of Student Status can be one of the following: student transcript, letter from ACEND Program Director, or class schedule.
- International Member Verification form can be obtained online at [www.eatrightPro.org](http://www.eatrightPro.org) or by calling the Academy Member Service Center 800-877-1600, Option 1 (weekdays 8:00 am—5:00 pm Central Time) (International callers +1-312-899-0040, Option 1) and must be completed by a representative of the applicants national dietetic association or regulatory body. International Students must have the form completed by a representative from their dietetics education program.

### State Affiliate Dietetic Association Designation

Academy members may join one state affiliate dietetic association. Please indicate your preferred state dietetic association in the space provided. If no selection is made, you will be assigned one based upon the state dietetic association that corresponds to your address of record. Members with foreign or APO/FPO addresses who do not select an affiliate will be assigned to the International Affiliate of the Academy of Nutrition and Dietetics (IAAND).

### Payment Information

*Fees are payable in US dollars.*

Payments may be made via credit card or check (payable to the Academy of Nutrition and Dietetics).

Dues and fees are not refundable or transferable.

- For your security, if paying by credit card you are encouraged to apply online at [www.eatrightPRO.org/join](http://www.eatrightPRO.org/join).
- Mail completed application, along with documentation and check to:  
Academy of Nutrition and Dietetics  
Attn: Membership Team  
120 South Riverside Plaza, Suite 2190  
Chicago, Illinois 60606-6995

**Dietetic Practice Groups (DPGs), Member Interest Groups (MIGs) and Academy Groups** Academy members may join dietetic practice groups (DPG), member interest groups (MIG) or Academy Groups. Fees vary depending on the group (see reverse side of application for the list of groups and their corresponding fees). Check the group(s) you wish to join, enter the fee total on the space provided in the payment section of the application form. Fees are non-refundable and non-transferable.

**DPGs, MIGs, and Academy Groups joined using this application will begin upon receipt/processing and will expire May 31, 2026.**

### ACADEMY OF NUTRITION AND DIETETICS FOUNDATION (ANDF)

is the world's largest charitable organization devoted exclusively to nutrition and dietetics. It is the philanthropic arm of the Academy of Nutrition and Dietetics focusing on food and nutrition research, scholarships, awards and public education. For additional information and contribution options visit: [www.eatrightFoundation.org](http://www.eatrightFoundation.org).

### ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE (ANDPAC)

is the only political action committee dedicated to food, nutrition and health issues. ANDPAC contributes to candidates from both parties who support the Academy's public policy priorities. Contributions are voluntary and not tax-deductible. For additional information and contribution options, including a monthly plan, visit: [www.eatrightPRO.org/ANDPAC](http://www.eatrightPRO.org/ANDPAC).

*Note: ANDPAC is only able to accept contributions from U.S. citizens.*

**Academy Code of Ethics** The Academy of Nutrition and Dietetics (Academy) and its credentialing agency, the Commission on Dietetic Registration (CDR), believe it is in the best interest of the profession and the public it serves to have a Code of Ethics that provides guidance to practitioners about their professional practice and conduct. Except for sections dealing solely with the credential, the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession applies to all members. To view the complete Code of Ethics, visit [www.eatrightPRO.org](http://www.eatrightPRO.org).

**Optional Demographic Information** The Academy is an equal opportunity organization. This information helps the Academy determine new and expanded programs and services. Your response is voluntary and will in no way be used when your application is processed. *Individuals from the EU must also complete and submit the Data Use Consent.*

**Affirmative Action Policy** It is the policy of the Academy to promote, financially support, implement, monitor and update affirmative action practices and procedures in all their respects. Using the principles of equal opportunity, nondiscrimination and a comprehensive affirmative action program, the Academy seeks to increase the participation of under-represented groups in the national association, affiliates, professional leadership and staff.

**Have questions about the Academy of Nutrition and Dietetics, membership categories, qualifications or how to complete the application?**

**Call:** Weekdays, 8AM—5PM Central Time  
800-877-1600, Option 1  
International callers +1-312-899-0040, Option 1  
**FAX:** 312-899-4812  
**e-mail:** [membership@eatright.org](mailto:membership@eatright.org)

**Apply online at [www.eatrightPRO.org](http://www.eatrightPRO.org)**

For additional information on the Academy membership, visit [www.eatrightPRO.org/MembershipInfo](http://www.eatrightPRO.org/MembershipInfo)