

*North Dakota Nutrition Council  
Member Registration Form*

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Make Checks payable to NDNC**

\_\_\_\_\_ \$20 Individual

\_\_\_\_\_ \$ 10 Student

School Name \_\_\_\_\_

*Payment is for the Membership Year (circle)*

*July 2015 – June 2016    July 2016– June 2017*

*Avoid a late fee by sending in your membership renewal by October 1 of the membership year. After October 1 a \$10 late fee will be assessed.*

*Mail to:*

*Katie Johnke*

*Nutrition Services Coordinator*

*Bismarck-Burleigh Public Health*

*500 E. Front Ave*

*Bismarck, ND 58504-5689*