Ontario Society of Nutrition Management

Application for

AFFILIATE MEMBERSHIP

☐ **NEW APPLICATION** ☐ **RENEWAL**

PLEASE PRINT CLEARLY:

_____

Company Name

_____

Contact Name Title

_____

Mailing Address: Street, Apt., R.R.

_____

City Province Postal Code

_____

Company Phone number Contact Phone number Fax number

_____

Email address Website Address

Description of products/services provided by your company:

_____

_____

_____

Type of Membership:

☐ **Bronze:** ($250.00 per year) ☐ **Silver:** ($500.00 per year) ☐ **Gold:** ($1000.00 per year)

Note: Membership year is January 1 to December 31

Return this application form along with a cheque or money order payable to:

Ontario Society of Nutrition Management
1370 Don Mills Road, Suite 300
Toronto, ON M3B 3N7