



**Application for  
ACTIVE MEMBERSHIP**

**Criteria for membership**

- 1) Applicant must hold a current membership in the Canadian Society of Nutrition Management (CSNM).
- 2) This application form must be forwarded to the address below with the following:
  - a) a photocopy of your current CSNM membership card
  - b) a cheque or money order payable to OSNM (Call OSNM for current fees)

Please note that all applications are subject to approval by the Board of Directors of the Society.

**Applicant info** (Please print clearly)

\_\_\_\_\_  
First name Last name

\_\_\_\_\_  
Address: Street, Apt., R.R.

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Phone number (Home) Phone number (Work)

\_\_\_\_\_  
Fax number Email address

**Qualifications**

Nutrition Management Course Completed

\_\_\_\_\_  
Course name Institution Year completed

\_\_\_\_\_  
Signature of Applicant Date

**Return this application to:**

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