



**Application for**

## **AFFILIATE MEMBERSHIP**

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

### **Membership Fees:**

**Applicant info** (Please print clearly)

Company Name:

Contact Name:

Title/Position:

Address:

City:

Province:

Postal Code:

Company Phone #:

Contact Phone #:

Fax number:

Email address:

Website Address:

Description of products/services provided by your company:

Note: Membership year is January 1 to December 31

**Return this application, with Payment, to:**

Ontario Society of Nutrition Management

2 – 555 Hall Avenue E.

P.O Box 370

Renfrew, ON K7V 4A6