

FOR OFFICE USE ONLY

Date: _____ Initials: _____
Ck or CC Auth #: _____ Amt: _____

Please choose a certification fee option

Certified Professional Member (CDM, CFPP) Become a Certified Professional Member of ANFP and receive full membership benefits.

- If joining between December 1 & March 31, enclose half year fees of \$118.00
(\$50 membership dues + \$58 certification fee + \$10 application fee)
- If joining between April 1 & November 30, enclose full year fees of \$167.00
(\$99 membership dues + \$58 certification fee + \$10 application fee)

**Please note: half year fees generate an invoice the following June for a full year renewal cost of \$157.*

Certification (CDM, CFPP) fee only – I choose not to join ANFP at this time. *Please note: annual renewal cost is \$180.00.*

- Enclose full year fees of \$200.00 (Includes one-time \$20 application fee)

Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home address			
City	State	Zip	
Work Phone ()	Home Phone ()	Fax ()	
E-mail	Date of Birth / /		
Employer			
Work Address			
City	State	Zip	

Please Check Facility Type:

- Nursing Home/number of beds: _____ School
- Hospital/number of beds: _____ Retirement Community
- Correctional Facility Assisted Living
- Military Other: _____

To complete your certification process, please remit your fee. Your CDM, CFPP certificate will be mailed 3-4 weeks after receipt of payment. Dues to the Association may be deductible by members for federal income tax purposes as ordinary and necessary business expenses. Dues are not deductible as charitable donations. Continuing education hours (required for maintaining your credential) will only be recorded if they are earned during active certified status.

Payment Method

<input type="checkbox"/> Enclosed is my money order or check, payable to Association of Nutrition & Foodservice Professionals (ANFP)			
Please check one:	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Name on card			
Credit Card #	*CVV#	Exp. Date	/ /
Billing Address of this Credit Card			
City	State	Zip	
Signature	Date		

*The CVV Code is the 3 or 4 digit security code located on the front or back of your credit card.

Mail application to: Association of Nutrition & Foodservice Professionals
406 Surrey Woods Drive | St. Charles, IL 60174
Phone 800.323.1908 | Fax 630.587.6308 | www.ANFPonline.org