

# Supporter Membership Application

**AND Active Membership is required to be approved as a Supporter Member.**

*Please complete the following:*

Name:

Academy Number:

Primary Academy State Affiliation:

Mailing Address:

Phone Number:

Email Address:

---

## **KSAND Supporter Membership Fees:**

**Active Academy Member \$40**

**Student or Retired Academy Member \$15**

---

### **Instructions:**

1. Save an electronic copy for your records of the following two completed documents:
  - a. This e-application for Supporter Member
  - b. Proof of Academy membership
    - i. Print a “print screen” picture of your current profile in” My Academy” at [www.eatright.org](http://www.eatright.org) or make a paper or electronic copy of your current Academy membership card.
2. Email both documents to [director@eatrightks.org](mailto:director@eatrightks.org) or mail to:  
Kansas Academy of Nutrition and Dietetics  
809 SE 11<sup>th</sup> Terrace  
Lee’s Summit, MO 64081
3. The Executive Director of KSAND will review your request and approve membership eligibility. This process may take up to 2 weeks. Please contact the Executive Director with questions or comments.
4. Make payment: Payment is made **after** account approval.
  - a. You will receive an email with payment instructions once your supporter membership is approved.
  - b. Payment options are available using credit card or check.