



2025-2026 MAND MEMBERSHIP FORM

Directions please mail the following:

- Completed form
- Proof of membership of your Academy of Nutrition Dietetics membership (either receipt or copy of your AND card)
- Check (make payable to MAND)

Mail to:
MAND Membership
PO BOX 11345
Memphis, TN 38111

Only mail this form if you are not submitting the form online.

This will help MAND process your membership faster.

Membership Directory Information

Name: _____ Credentials: _____

Academy Number: _____

Place of Employment: _____

Job Title: _____

Preferred Email (for MAND communications): _____

Phone Number: _____

Please send me more information about volunteer opportunities.

- ☐ Yes
☐ No

2025-2026 MAND MEMBERSHIP DUES:

- ☐ \$35.00: Active RD/RDN or DTR
☐ \$15.00: Retired RD/RDN or DTR
☐ \$10.00: Dietetic Intern or Student

If you would like to make a contribution to the MAND student scholarship fund, please check the appropriate box:

- ☐ \$5.00
☐ \$10.00
☐ \$25.00
☐ Other Amount: _____

Thank you for supporting MAND and we hope to see you this year!!!