

Nutrition Student Association, CSUSB

Membership Application

2024-2025

Name:	Email:
Address:	Cell phone:
City and zip code:	Student ID number:
Class standing: Fr. So. Jr. Sr. MSNS, other	Major: NSCD, MSNS, or other?
Anticipated graduation date:	AND member? <input type="checkbox"/> Yes AND number: _____ <input type="checkbox"/> No? pls. go to and join the Academy (AND) www.eatright.org And join for \$56 per year as a student member.

This is your organization, so get involved!!!!

I am interested in helping with the following committees (Pls. Check all areas of interest):
 National Nutrition Month, March 2025 publicity fund raising legislative contact
 social activities newsletter Inland District Diet Assoc. rep.
 Community voluntary activities others: please specify _____
 I would like to chair a committee. Which one? _____



Benefits: networking, develop leadership skills, get involve and participate in dietetic related activities and build resume.

What can you do for the organization? Do you have any special skills (don't be shy or modest) ;-}



What are your expectations of the organization? Please specify



Membership (Spring 2024-2025): \$15/year, includes a t-shirt

T shirt size: Sm M L XL 2XL Enclosed: \$ _____, cash ck # _____

Check or Cash only accepted for the membership. Make out the check to NSA- CSUSB. The completed application may be submitted to Dr. Chen as an email attachment to: dchen@csusb.edu. Payment must be submitted in person. Any questions, please feel free to contact Dr. Chen.