Food and Nutrition Association Membership Form

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **MSU Email:** |  |
| **Major:** |  |
| **Class:** |  |

If you are a **new member**, or would like to share information with us, please fill out the questions below.

**What do you hope to gain from joining FNA?**

**What types of FNA meeting activities would like to see?**

**What types of FNA volunteer events would you like to see?**

**What career field/area interests you?**

**Membership Type (chose one)**

🞏 Fall 2019 - $10.00

🞏 Spring 2020 - $10.00

🞏 Fall 2019 & Spring 2020 $15.00

FNA E-Board Completes This Box:

|  |  |
| --- | --- |
| **Membership Type** 🞏 Fall 2019 - $10.00🞏 Spring 2020 - $10.00🞏 Fall 2019 & Spring 2020 $15.00 | **Payment Type** 🞏 Cash🞏 Venmo🞏 Check |

 Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return to **Lisa Charlis**

 Secretary of FNA