



International Society
for Nutraceuticals & Functional Foods

MEMBERSHIP APPLICATION 2023

Last Name: _____ First Name: _____	
Membership #: ISNFF-	
Company / Institution / University:	
Address:	
Telephone: ()	Fax: ()
Email address:	

New Membership		<input type="checkbox"/>
Renewal		<input type="checkbox"/>
Cancel Membership		<input type="checkbox"/>
Member	\$95	<input type="checkbox"/>
Student Member	\$45	<input type="checkbox"/>
Corporate Member	\$2,000	<input type="checkbox"/>
Corporate Member (Renewal)	\$500	<input type="checkbox"/>
Affiliate and Chapter Member	\$2,000	<input type="checkbox"/>
Payment Method:		
Money Order:		<input type="checkbox"/>
Credit Card:	VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/>	
Credit Card #:	_____	
Card Holder:	_____	
Expiry Date:	_____	
Please complete form and return to:		
ISNFF, P.O. Box 29095, 12 Gleneyre Street, St. John's, NL, A1A 5B5 Canada Or scan and forward by Email: ISNFFsecretary@gmail.com		