



International Society  
for Nutraceuticals & Functional Foods

## MEMBERSHIP APPLICATION 2011

**Last Name:**

**First Name:**

Company / Institution / University:

Address :

Telephone :

Fax :

E-Mail address :

**New Membership**

**Renewal**

**Cancel Membership**

**Member**

**\$95**

**Student Member**

**\$45**

**Corporate Member**

**\$2,000**

**Payment Method:**

Money Order/Cheque:

(Make cheque payable to ISNFF)

Credit Card:

VISA

MASTERCARD

Credit Card #:

Card Holder:

Expiry Date:

Please complete form and return to Conference Secretary, Ms. Peggy-Ann Parsons at:

ISNFF, P.O. Box 29095, 12 Gleneyre Street, St. John's, NL, A1A 5B5 Canada;

Email: [ISNFFsecretary@gmail.com](mailto:ISNFFsecretary@gmail.com)