

IAPFS MEMBERSHIP APPLICATION

Membership Year is January 1 to December 31

Member Information

Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Cell #: _____

Home #: _____ Work #: _____

Email: _____ Year of Birth: _____

Exclude my email from the IAPFS Listserv.

Exclude my contact information from the IAPFS Member Directory.

Include my information in the Public Referral Directory.

How did you hear about us?

Colleague

Friend

Google Search

Other (please specify): _____

Employer/University: _____

Position/Title: _____

Licenses: _____

Certifications: _____

Membership Dues

Full Member \$50

Full member shall be any credentialed professional or clinician who works in the field of pediatric feeding disorders.

Student Member
(First Year Free/Second Year \$25)

Student member shall be any individual who presents evidence of currently being in a program of study in the field of pediatric feeding disorders.

University: _____

Classification:

Undergraduate

Masters

Doctoral

Other: _____

Discipline of Study for Students:

Board Certified
Behavior Analyst

Dietician

Diet Technician

Feeding Specialist/
Therapist

Manager/Administrator

Nurse

Nurse Practitioner

Physician

Physician Assistant

Physical Therapist

Psychologist

Occupational Therapy

Speech-Language
Pathologist

Other _____

Work Setting

Feeding Disorder Center

Hospital

Outpatient Clinic

Natural Environment (ages 0-3 years)

Private Practice/Consultant

Public Health/Home Health

School System

University/Higher Education

Other _____

Discipline

Board Certified Behavior Analyst

Dietician

Diet Technician

Feeding Specialist/Therapist

Manager/Administrator

Nurse

Nurse Practitioner

Physician

Physician Assistant

Physical Therapist

Psychologist

Occupational Therapy

Speech-Language Pathologist

Other _____

Become Involved

Areas of Interest:

Membership Committee

Communications Committee

Research and Education Committee

Special Topics in Practice Committee

Please see the attached letter or visit www.iapfs.org for committee descriptions.

Payment Options

Renew Online - Visit www.iapfs.org and log in to your account to pay online with a credit card.

Mail/Fax - Complete this form and mail/fax it to the IAPFS Office with your method of payment.

Check (payable to IAPFS)

Visa MasterCard Discover Amex

YOUR SIGNATURE

CREDIT CARD ACCOUNT NUMBER

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EXPIRATION DATE

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