



MEMBERSHIP APPLICATION

Name: _____

Address (Street/City/State/Country/Zip Code)

Email: _____ Phone: _____

ISSN Membership ID number (if you are a current member):

[NOTE: memberships run from Jan 1 to Dec 31](#)

Membership Category: (please check one only)

1 year

- Professional \$175
- Fellow \$150
- Student \$75

2 year

- Professional \$225
- Fellow \$175
- Student \$100

3 year

- Professional \$275
- Fellow \$200
- Student \$125

Payment Method (please check which applies)

Total = \$ _____

Check

Credit Card – circle one (Visa / Mastercard / American Express)

Credit Card # _____

Expiration Date _____

Name that appears on card _____

Signature _____

Pay via fax or mail to:

International Society of Sports Nutrition
Executive Director, Maelu Fleck
600 Pembroke Drive
Woodland Park, CO 80863
Phone: 1-866-740-4776
Fax: 1-719-687-5184
www.theissn.org