



# ACADEMIA MEMBERSHIP APPLICATION

*I hereby apply for membership in NAMI and provide the following information:*

## I. APPLICANT INFORMATION

Person's Name: \_\_\_\_\_  
(As you would like it to appear in the NAMI database and membership directory)

Name of Academic Institution: \_\_\_\_\_

Title: \_\_\_\_\_

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Academic Website: \_\_\_\_\_

Congressional District: \_\_\_\_\_

**ACADEMIA MEMBERSHIP INFORMATION-** Open to all individuals who teach, conduct research or involved in meat &/or poultry industry outreach. Please list below, all areas of expertise:

\_\_\_\_\_  
\_\_\_\_\_

Annual Dues: Academia Member dues are \$255.00 and are payable in one installment payment annually, by check. Initial dues payment must be submitted with application.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_