

**Corporate Scientific Advisory Council (CSAC) Membership  
Renewal Commitment Form October 2024 - September 2025**

<b>Corporate Member Information</b>		
Company Name:		
Company Address:		
City:	State:	ZIP Code:
Website:	Phone:	Specialty:
<b>Main Contact</b>		
First Name:	Last Name:	
Job Title:		
Address (if different from above):		
City:	State:	ZIP Code:
Phone:	E-mail:	
<b>Additional Representative</b>		
First Name:	Last Name:	
Job Title:		
Phone:	E-mail:	
<b>Method of Payment</b>		
Signature of cardholder:		Wire Transfer   Check Visa   MasterCard   AmEx   Discover
Card Number:	CCV:	Expiration Date:

**Authorized Representative Signature**

\_\_\_\_\_  
Representative Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form with payment information to Valerie Mickiewicz at  
[valeriem@nutritioncare.org](mailto:valeriem@nutritioncare.org).**