

Dear Renal Dietitian,

The Georgia Council on Renal Nutrition invites you to join for the 2007-2008 year. . The cost is \$25 and is expected to include multiple education programs, CEUs, a quarterly newsletter with updates on important issues, a membership directory, and a great network of professionals. Please keep the top portion for your records, and mail the completed bottom portion of this form with checks made payable to GCRN to:

Sydney Faulkner, RD, LD
GCRN Membership Chair
2623 Sam Calvin Drive
Dacula, GA 30019

Please remember that paying your GCRN dues does not ensure that you are a NKF member and vice-versa. Also, please be aware that all information provided will be used for GCRN purposes only. If you have any questions, contact Sydney Faulkner at (770) 361-5187.

Date Sent _____ Check # _____



Name _____ Credentials _____

Mailing Address _____

Phone # _____ Fax # _____

Clinic/Company Name: _____

Business Address: _____

Phone # _____ Fax # _____

NKF Membership # _____ E-mail Address _____

Do you wish to receive updates and newsletters via e-mail from GCRN? _____ Yes _____ No

Would you be interested in running for an office or other position that may become available?
_____ Yes _____ No

For Internal Use Only: Date Received _____ Check #: _____ Check Amt.: _____
