



SENPA
5946 Main Street
New Port Richey, FL 34652
Ph: 727-846-0320
FAX: 800-545-1374
E-mail: info@SENPA.org
www.SENPA.org

Nutritional Counselor and CN Associate Membership Application

Licensee Name: _____ FL License Number: _____

Business Name: _____ Address: _____

_____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____ E-mail: _____

Total Nutritional Counselor and CN Membership Dues \$50.00

PAYMENT METHOD:

- Check (make payable to SENPA)
- Pay by credit card (**NEW**). American Express, MasterCard and VISA Accepted.

NOTE: Invoice will be sent with payment instructions.

REQUIRED: Authorized Signature: _____

Print Name: _____ Date: ____/____/____

- Associate membership is non-voting membership.
- Association dues are based on an anniversary year. Dues are nonrefundable.
- A portion of SENPA dues may be deductible as an ordinary business expense under Section 162 of the Internal Revenue Code. You will receive written notification after the application is processed.
- Complete form and mail or fax to the numbers listed above.

Associate Membership Category

Must generate over 50% of income in these categories:

- Nutritional Counselor (NC)
- CN

NOTE: SENPA is not tax-deductible as charitable contributions; however a portion can be deducted as a business expense.

Fax completed form to 800-545-1374 or Email to info@SENPA.org
SENPA 5946 Main Street, New Port Richey, FL 34652 Phone: 727-846-0320