



New Jersey Institute for Food,  
Nutrition, and Health

## Application for Membership

Date:

Name and Credentials:

Affiliation/School:

Email Address:

Phone:

Membership affiliation (select a Center affiliation, and if applicable, select a Program):

- Center for Childhood Nutrition Research
- Center for Nutrition, Microbiome, and Health Center
- Center for Human Nutrition, Exercise, and Metabolism
- Rutgers Center for Lipid Research
- Center for Agricultural Food Ecosystems
- Culinary Health Program
- NJ Healthy Kids Initiative Program
- One Nutrition Program

Describe your (proposed or current) activities with IFNH that justify your membership:

Describe your research interest (10-20 words max):

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center/Program  
Director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by the  
IFNH Director: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for filling out the membership form for the IFNH. Please send signed form to the Center/Program Director along with a jpeg photo. If approved, information will be uploaded to the website:  
<https://ifnh.rutgers.edu/members.php>

