

FORT WORTH DIETETIC ASSOCIATION

Application for Membership

July 2009-June 2010

Name: _____ **ADA Member #:** _____

Credentials: RD LD DTR Other _____

Degrees _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone: Work: _____ **Home** _____

Cell: _____

Employer: _____

Email Address (Preferred): _____

AREA OF PRACTICE

- | | |
|--|--|
| <input type="checkbox"/> Community/Public Health | <input type="checkbox"/> Consulting Dietitian |
| <input type="checkbox"/> Education | <input type="checkbox"/> Food Manufacturer/Distributor/Sales |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> School Food Service |
| <input type="checkbox"/> Self Employed in Business | <input type="checkbox"/> Other _____ |

Primary Work Interest/Function: _____

Please list the ADA Dietetic Practice Group(s) to which you belong:
(This will be used for CPE planning purposes.): _____

FWDA MEMBERSHIP APPLICATION FEE (You must be in current paid status with ADA):

- \$25.00 Active ADA Member – Dietitian/Dietetic Technician**
 - \$25.00 Active ADA International Member- received degree overseas**
 - \$ 5.00 Student ADA Member**
 - \$ 5.00 Retired ADA Member (62 years or older & no longer employed in dietetics practice or education OR retired on total/permanent disability)**
- \$ _____ FWDA Scholarship given through the TDAF**

TOTAL PAYMENT BY CASH, CHECK OR MONEY ORDER: \$ _____

Please make your check payable to The Fort Worth Dietetic Association.

**Mail to: Stephanie Adin
FWDA Treasurer
3412 Winifred Dr.
Ft Worth, TX 76133**

**FOR FWDA TREASURER USE ONLY: _____ Cash _____ Check# _____ Check Date _____
Date Rec'd**