NEIDA 2008-2009 Membership Form

ADA # _____*NOTE: You must be an ADA member to join!*

Name:_____
LAST FIRST MI CREDENTIALS
(RD, DTR, Dietetic Intern, Student, Other)

Street Address: _____

CITY_____ STATE: _____ ZIP CODE:_____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Fax #: _____ E-mail: _____

Place of Employment: _____

Key Area of Interest in Dietetics: _____

Willing to serve as a Chairperson or Officer _____

Willing to be a public speaker on: _____

Topic Suggestions for Future NEIDA programs: _____

ADA MEMBERSHIP STATUS: (Please check one)

_____ Active
_____ Associate Member
_____ Retired Member
_____ Student/ Intern (no charge)

Dues Summary:
$20.00 per year

Payment Enclosed:

Dues (NO Late Fees!) _____
Local Scholarship Contribution _____
Total Enclosed _____
Payment Date: _____ Check #: _____
(Checks to be made payable to NEIDA)

Mail form and payment to:
Megan Bobay
2918 Overlook Dr
Fort Wayne, IN 46808

FOR YOUR RECORDS 2008-2009 NEIDA MEMBERSHIP DUES RECEIPT
Dues Payment:: _____ Scholarship Contribution_____ Total: _____
Date PAID: _____ Check Number: _____