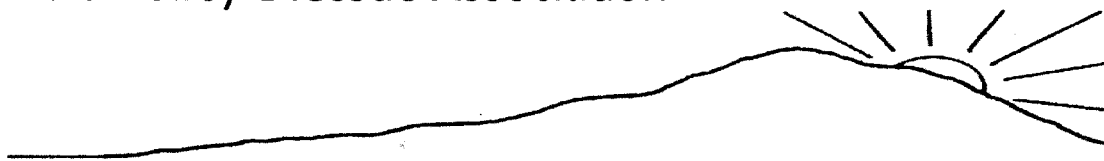


Diablo Valley Dietetic Association



MEMBERSHIP APPLICATION

Please print legibly; this is the information that will appear in the roster.

NAME: _____
Last *First* *ADA #/NONE*

TITLE: (check all that apply) ___RD ___MS ___Other (specify) _____

Position Title (i.e. Clinical Dietitian, Manager, Director, Consultant, etc.) _____

EMPLOYER: _____

MEMBERSHIP STATUS: ___New ___Renewal

E-MAIL (Note: Newsletter and Roster will be sent via e-mail)

Please print clearly _____

PRIMARY MAILING ADDRESS: Home Work

Address Line 1: _____

Address Line 2: _____

City, State, Zip _____

Phone Contact Information (please provide ONLY one) ___Home ___Work ___Cell

(____) - _____ - _____

DUES: Payment deadline is September 31st (to be included in Roster)

Please make check payable to DVDA

___AND Member (Active, Technician) \$35.00

___Non-AND Member (Non-voting) \$40.00

___Retired \$25.00

___Student or Affiliate \$25.00

___Guest Attendee: \$20.00

___After January 1st \$20.00

TOTAL ENCLOSED \$ _____

Please mail membership form with payment to our Treasurer:

Ana Su, 1525 Hillgrade Ave., Alamo, CA 94507

We would appreciate your help in one (or more) of the following areas, please tell us where you would be willing to assist:

___Legislation
___Community
Nutrition
___Awards
___Program Planning
___One Time Projects
___Attendance
___Other _____