



# 2010-2011 - The Chicago Dietetic Association Membership Form

THE INFORMATION BELOW WILL BE USED FOR CORRESPONDENCE UNLESS OTHERWISE INDICATED

ADA membership is required to be a CDA member (your application will be returned if ADA Membership cannot be confirmed)

Are you a NEW member:  YES  NO

Name: \_\_\_\_\_  
Last First Professional Suffix

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: (9 digit; Zip+4 is at www.usps.com) \_\_\_\_\_

Telephone: ( ): \_\_\_\_\_

Preferred e-mail for CDA Communication: \_\_\_\_\_

ADA Member No. (must be provided) \_\_\_\_\_

Who is your Congressional Representative? \_\_\_\_\_

(This can be found at <http://www.house.gov>)

## EMPLOYMENT

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: (9 digit) \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

## COMMITTEE(S) ON WHICH YOU WOULD LIKE TO Volunteer

Awards

Membership

National Nutrition Month

Legislation

Public Relations

Program

Newsletter

Web Page/Blog

Interest in being on CDA's speaker's bureau?  YES  NO

If yes, what areas are you interested in speaking about? \_\_\_\_\_

## MEMBERSHIP CATEGORY

ADA Active, RD, DTR member (\$35)  ADA Retired member (\$10)

ADA (Student) (\$10), Students must provide signature of program director on this form. \_\_\_\_\_

## 

Mail this form and check payable to "The Chicago Dietetic Association"

Evite-email added  
 Date received  
 ADA Membership Verified

Chicago Dietetic Association  
C/o Candice West, RD, LDN  
946 S. Catherine Ave  
LaGrange, IL 60525

### FOR OFFICE USE

Check  Cash  
 CDA Electronic Directory  
 CDA email

Dues must be postmarked by September 22nd to be included in the CDA Membership Directory.