Eastern Illinois Dietetic Association
2009-2010 Membership Form

Please complete the membership form and enclose your EIDA dues by October 31, 2009. Late applications will also be accepted. **You must be a member of ADA to join EIDA.**

Mail your information to:
Kelly Boeger, EIDA Treasurer
2203 Country Squire Dr.
Urbana, IL 61802

Contact Information

Name: _____ ADA number: _____

If student, when will you be graduating: _____

Home/Student Address (please specify): _____

_____

Home Phone Number and Email: _____

Work Address (if applicable): _____

_____

Work Phone Number and Email: _____

Preferred Method of Communication: Home Address OR Work Email

Professional Profile

Professional Credentials: _____

Main area of expertise and/or practice: _____

Get a Member

Names of non-EIDA members with whom you shared a member form _____

_____

Membership Categories

_____ Active ($20) _____ Retired ($10) _____ Student ($5)