

DALLAS DIETETIC ASSOCIATION
Membership Form: August 1, 2010 – July 31, 2011
JOIN ONLINE: www.eatrightdallas.org

If you have questions, please contact:

Membership Co-Chairs:

Sandi Graham – Sandigraham17@yahoo.com

Ashlyn Capps – ashlyncapps@hotmail.com

Website Chairs:

Darice Doorn - DLDoorn@gmail.com

GENERAL INFORMATION:

Today's Date: _____ **ADA Membership Number: _____

First Name: _____ MI: _____ Last Name: _____

Contact Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Fax Number: _____

ADA MEMBERSHIP CATEGORY AND DUES PAYMENT: *Fees Go Up \$10 starting 9/30/10**

Active (\$25.00/35.00 if late*) _____ Diet Technician (\$15.00/25.00 if late*) _____

Retired (exempt) _____ Associate/Student (\$10.00/20.00 if late*) _____

You must be a **member of the **American Dietetic Association** to be an active member of the Dallas Dietetic Association. These are the bylaws of ADA and TDA. The DDA membership category you select must be the same as your ADA membership category.

AMOUNT ENCLOSED:

Dues: \$ _____
TDA Foundation Scholarship (\$2.00 or more): \$ _____ (optional)
Total: \$ _____

CHECKLIST: JOIN ONLINE www.eatrightdallas.org

- | | |
|---|---|
| <input checked="" type="checkbox"/> Make checks payable to:
DALLAS DIETETIC ASSOCIATION | <input checked="" type="checkbox"/> Include a copy of your ADA registration card (not your CDR registration card) |
| <input checked="" type="checkbox"/> Mail to:
Dallas Dietetic Association
P.O. Box 601851
Dallas, TX 75360-1851 | <input checked="" type="checkbox"/> Include two pages of registration form |

COMMUNICATION:

_____ I **DO NOT** want to receive emails sent to the DDA mailing list.

_____ I **DO NOT** wish to be listed in the online membership directory. The online directory is in a password protected area only accessible to DDA members. The public will not be able to view names or any other directory information.

CREDENTIALS:

Are you a Registered Dietitian? Y N

Are you a Licensed Dietitian? Y N

Dietetic Licensure Number: _____

Are you a Registered Dietetic Technician? Y N

Do you have an Advanced Degree? (PhD, MS, CNSD) _____

List your Credentials (How they will appear in the directory.) _____

EMPLOYMENT INFORMATION:

Company: _____ Position/Title: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____ Work Number: _____

Major RD Employer: (this is needed to allow searching in the online directory of major RD employers in the area). Please check if you work for one of these major RD employers. If you do not see your organization, indicate other:

- | | | | |
|-------|---|-------|-------------------------------|
| _____ | Baylor University Medical Center | _____ | UT Southwestern – Main Campus |
| _____ | Childrens Medical Center at Dallas | _____ | UT Southwestern – Zale Lipshy |
| _____ | Parkland Memorial Hospital | _____ | UT Southwestern – St. Paul |
| _____ | Presbyterian Hospital of Dallas | _____ | Other: _____ |
| _____ | Texas Scottish Rite Hospital for Children | | |

PRIMARY AND SECONDARY AREAS OF SPECIALTY: (needed to search specialties in the online directory)

Please write "1" next to your *primary* area of specialty and write "2" next to your *secondary* area of specialty.

- | | | | | | |
|-------|--------------------|-------|------------------------|-------|---|
| _____ | Cardiovascular | _____ | HIV/Aids | _____ | Research |
| _____ | Clinical | _____ | Management | _____ | Sales/Customer Support |
| _____ | Culinary | _____ | Nutrition Support | _____ | Student |
| _____ | Diabetes | _____ | Oncology | _____ | Transplant |
| _____ | Eating Disorders | _____ | Pediatrics/Neonatal | _____ | Wellness (Wt Mgmt/Obesity,
Health, Sports) |
| _____ | Education | _____ | Pregnancy | _____ | Not Applicable |
| _____ | Food Establishment | _____ | (Pre/Post/Gestational) | _____ | Other - please specify: |
| _____ | General Dietetics | _____ | Rehab | | |
| _____ | Geriatric | _____ | Renal | | |

EDUCATION: (* if applicable)

*Where did you complete your undergraduate / nutrition program? _____

*What year did you graduate from your undergraduate / nutrition program? _____

*Where did you complete your internship? _____

*Where did you complete your graduate dietetics / nutrition program? _____

*What year did you graduate from your graduate dietetics / nutrition program? _____

SCHOOL DISTRICT: (needed to search specialties in the online directory)

School District Work is located in: _____