

**Fort Worth Dietetic Association**  
**Application for Membership**  
**July 2010 – June 2011**

Name: \_\_\_\_\_ ADA Member #: \_\_\_\_\_

Credentials:  RD  LD  DTR  Other \_\_\_\_\_

Degrees: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

This is a:  Renewal or  New Membership

**Area of Practice**

_____ Community/Public Health	_____ Consulting Dietitian
_____ Food Manufacturer/Distributor	_____ Education
_____ Hospital	_____ School Food Service
_____ Self Employed	_____ Other _____

Primary Work Interest/Function: \_\_\_\_\_

ADA Practice Group(s) to which you belong: \_\_\_\_\_

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**FWDA Membership Application Fee**

(You must be in current paid status with ADA)

\_\_\_\_\_ \$25.00 Active ADA Member – RD/DTR  
\_\_\_\_\_ \$25.00 Active ADA International Member – received degree overseas  
\_\_\_\_\_ \$ 5.00 Student ADA Member  
\_\_\_\_\_ \$ 5.00 Retired ADA Member (62 years or older & no longer employed in dietetics practice or education OR retired on total/permanent disability)

\$ \_\_\_\_\_ Donation to FWDA Scholarship given through the TDAF

TOTAL PAYMENT BY CASH, CHECK OR MONEY ORDER: \$ \_\_\_\_\_

Please make your check payable to the **Fort Worth Dietetic Association.**

Mail to: Stephanie Adin  
FWDA Treasurer  
3412 Winifred Dr.  
Fort Worth, TX 76133

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For FWDA Treasurer Use only: \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Date Rec'd: \_\_\_\_\_