

**FORT WORTH DIETETIC ASSOCIATION**

**Application for Membership**

**July 2008-June 2009**

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

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

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

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

**Telephone: Work:** \_\_\_\_\_ **Home** \_\_\_\_\_  
**Cell:** \_\_\_\_\_

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

**Email Address (Preferred):** \_\_\_\_\_

**AREA OF PRACTICE**

|                                 |   |
|---------------------------------|---|
| _____ Community/Public Health   | _____ Consulting Dietitian                |
| _____ Education                 | _____ Food Manufacturer/Distributor/Sales |
| _____ Hospital                  | _____ School Food Service                 |
| _____ Self Employed in Business | _____ Other _____                         |

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

**Please list the ADA Dietetic Practice Group(s) to which you belong:**  
**(This will be used for CPE planning purposes.):** \_\_\_\_\_

**FWDA MEMBERSHIP APPLICATION FEE (You must be in current paid status with ADA):**

\_\_\_\_\_ \$25.00    Active ADA Member - Dietitian  
\_\_\_\_\_ \$20.00    Active ADA Member - Dietetic Technician  
\_\_\_\_\_ \$ 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)

**Voluntary Contribution:**

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

**TOTAL PAYMENT: \$** \_\_\_\_\_

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

**Mail to:**            **Ruth Linhart, FWDA Treasurer**  
**2336 Tall Woods Trl**  
**Roanoke, TX 76262**

**FOR TREASURER USE ONLY:** \_\_\_\_\_ Cash // \_\_\_\_\_ Check# // \_\_\_\_\_ Check Date // \_\_\_\_\_ Date Rec'd