

**FORT WORTH DIETETIC ASSOCIATION**  
**Application for Membership July 2011-June 2012**

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

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

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

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

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

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

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

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

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

This is a:    Renewal   or    New Membership

**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

\_\_\_\_ \$32.00 Associate Member

\_\_\_\_ \$ 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 BY CASH, CHECK OR MONEY ORDER:**

\$ \_\_\_\_\_

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

**Mail checks or money orders with application to:**

**David Goldmeyer, FWDA Treasurer**

**9301 Bayard Street, Keller, TX 76244**

**DO NOT MAIL CASH**

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