

Twin Cities District Dietetic Association

A district of

2011-2012 Membership Application Form



Name: _____

Credentials: _____

Employer: _____

Title: _____

Practice Area(s)

- | | | |
|---|---|---|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Community | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Business & Industry | <input type="checkbox"/> Education & Research |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Other (please describe): _____ | |

Please describe your type of work for networking purposes: _____

Contact Information

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell: (_____) _____

E-mail: _____ (Necessary to receive newsletter and event notifications)

Membership Includes

- Five educational meetings each year, totaling ten hours of Continuing Education
- Networking with local nutrition professionals at "Networking Nights"
- Involvement with legislative advocacy at the state and federal level with the public policy group
- Access to the TCDDA website Jobline for posting and job searching purposes
- Exciting opportunities for leadership through committee and Board involvement
- Student opportunities for scholarships, mentoring and resume building through leadership roles and volunteering

Annual Fees

*ADA Membership Required

*Membership dues not deductible as a charitable contribution but may be deductible as a business expense

<input type="checkbox"/>	ADA/MDA Dietitian	\$40.00
<input type="checkbox"/>	Retired	\$25.00
<input type="checkbox"/>	ADA/MDA DTR	\$20.00
<input type="checkbox"/>	Student	\$10.00

Submission of Application and Payment

Please complete application by October 15th, 2011 and mail with annual fees to the address below. After October 15th, include a \$10 late fee with application and annual fee.

Method of Payment

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Check |
| <input type="checkbox"/> MasterCard | |

Twin Cities District Dietetic Association

4940 Vikings Drive
Suite 388
Edina, MN 55435

Credit Card # _____

Exp Date _____

Signature _____

Zip Code of
Credit Card _____

TCDDA Involvement

Check if interested in:

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | TCDDA Leadership Position |
| <input type="checkbox"/> | Volunteering |

Contact

Phone: 952.830.7022

Fax: 952.830.9066

Email: tcdda@eatrightmn.org

Website: www.eatrightmn.org