

DALLAS DIETETIC ASSOCIATION
Membership Form: August 3rd, 2009 – July 31, 2010

If you have questions, please contact:

Membership Co-Chairs:

Jessica Sherman: jess.l.sherman@gmail.com

Megan Pattison: meganpattison@yahoo.com

Website Chair:

Erin Carter: ecarter@foodtherapyrd.com

Please PRINT clearly in BLACK INK:

GENERAL INFORMATION:

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

First Name: _____ MI: _____ Last Name: _____

Contact Email Address: _____

ADA MEMBERSHIP CATEGORY AND DUES PAYMENT: *Fees Go Up \$10 starting 10/31/09**

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:

- | | |
|---|--|
| <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 |

VOLUNTEERING & DDA SURVEYS:

You will receive a "Welcome Email" from a DDA Membership Co-Chair that will include information on the following:

1. How to update your information in the DDA Directory
2. How to volunteer on a committee

Check One:

_____ 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?

Are you a Registered Dietetic Technician?

Are you a Licensed Dietitian?

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

Dietetic Licensure Number:

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

EMPLOYMENT INFORMATION:

Company: _____

Position/Title: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Number: _____ Fax 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
- _____ Childrens Medical Center at Dallas
- _____ Parkland Memorial Hospital
- _____ Presbyterian Hospital of Dallas
- _____ Texas Scottish Rite Hospital for Children

- _____ UT Southwestern – Main Campus
- _____ UT Southwestern – Zale Lipshy
- _____ UT Southwestern – St. Paul
- _____ Other: _____

PRIMARY AND SECONDARY AREAS OF SPECIALTY:
(this is needed to allow searching of 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 | _____ Pediatrics/Neonatal |
| _____ Clinical | _____ Pregnancy (Pre/Post/Gestational) |
| _____ Culinary | _____ Rehab |
| _____ Diabetes | _____ Renal |
| _____ Eating Disorders | _____ Research |
| _____ Education | _____ Sales/Customer Support |
| _____ Food Establishment | _____ Student |
| _____ General Dietetics | _____ Transplant |
| _____ Geriatric | _____ Wellness (Wt Mgmt/Obesity, Health, Sports) |
| _____ HIV/Aids | _____ Not Applicable |
| _____ Management | _____ Other - please specify: |
| _____ Nutrition Support | |
| _____ Oncology | |

Dallas Dietetic Association – Membership Directory (2009-2010)
CONTINUED

PERSONAL INFORMATION:

Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Number: _____ Fax Number: _____

EDUCATION:

Please include name of school and location:

*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? _____
(*If applicable)

SCHOOL DISTRICT:

School District Work is located in: (this is needed to allow searching of districts in the online directory).

Please check the school district your work is in (if you travel, indicate your 'home' location). Check one only.

_____	Allen	_____	Little Elm
_____	Dallas	_____	Lovejoy
_____	Farmers Branch	_____	McKinney
_____	Fort Worth	_____	Princeton
_____	Frisco	_____	Prosper
_____	Garland/Rowlett/Sachse	_____	Richardson
_____	Highland Park/University Park	_____	Rockwall
_____	Keller	_____	Wylie
_____	Lake Dallas	_____	Unknown
_____	Lewisville/Flower Mound	_____	None of the Above