



Miami Dietetic Association 2009-2010 Membership Application

Check One: Membership Renewal New Membership

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Title: _____

Place of Work: _____

Area of Expertise: _____

Do you consent to have the above information posted on our website www.miamidietitians.com? Please check: YES NO

Please supply District information (this will be used to contact representatives on important nutrition related issues):
Congress _____ Senate _____ House _____

ADA#: _____ FL Licensure #: _____

A photocopy of your ADA member card (NOT your CDR card) must be mailed with this application

- Included in your dues:**
- ◆ 12 FREE CEUs ◆ Holiday Social
 - ◆ Bi-Monthly Newsletter ◆ Member Directory
 - ◆ Discounted Rate to March Workshop ◆ Year-end Banquet

Check the box that applies to you:	Dues Postmarked on or before Sept 30, 2009	Dues Postmarked after Oct 1, 2009	Make Check Payable to: Miami Dietetic Association
<input type="checkbox"/> Active Member RD	\$35.00	\$40.00	Mail to: Alyson Marquez 19501 W Country Club Dr Apartment 1908 Aventura, FL 33180
<input type="checkbox"/> Active Member DTR	\$25.00	\$30.00	
<input type="checkbox"/> Student Member	\$15.00	\$20.00	
<input type="checkbox"/> Retired	\$15.00	\$20.00	