



Membership Application: June 2012 to May 2013

(Please type or print legibly)

Membership applications are accepted on a rolling basis throughout the year. However, the 2011 membership list will be converted to the 2012 membership list on or about June 15th. Renewal of your membership after this date will require all contact information to be re-entered.

Name _____

Credentials (circle) PhD MS MA RD DTR CDN CDE CNSD

Other: _____

(please note that RDE and RD eligible are not approved credentials)

ADA Membership Category (circle): Active Retired Student International Member

ADA Registration Number *required* _____

Age (circle) optional: 35 years or younger >35 years or older

Preferred e-mail address:

Home address:

City: _____ State: _____ Zip Code: _____

County: _____

Phone: (____) _____ Cell:

(____) _____

Employer:

Position/Title

Business

Address _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell:

(____) _____

Area(s) of interest: (circle) Committee participation mailing

Membership

Website maintenance

Fundraising

Do you speak a second language? (circle) yes no

If so which language(s) do you speak? _____

Membership dues:

Mail - \$35.00 (\$15.00 for students)

Electronic - \$25.00* (\$10.00 for

students) *visit www.hvda.net and submit your membership form online to receive the discount. Then mail only the check with this lower section as noted below.

HVDA Annual Dues: \$ _____

Additional Contributions (optional): _____

HVDA scholarship fund: \$ _____

NYSDA Political Action Committee: \$ _____

ADA Foundation: \$ _____

TOTAL: \$ _____

Please make checks payable to: Hudson Valley Dietetic Association

Mail To:

Amy Lombardi

132 Gullott Drive

Rotterdam, NY 12306

Please note, application will be approved pending verification of ADA membership, a confirmation email will be sent. Checks will be returned to non-ADA members. Please visit www.eatright.org for more information on joining ADA.