



SOUTHWEST FLORIDA DIETETIC ASSOCIATION

LOCAL AFFILIATE OF THE AMERICAN DIETETIC ASSOCIATION

www.eatrightswfda.org

2011-2012 REGISTRATION AND MEMBERSHIP APPLICATION & UPDATE

DATE _____

NAME _____
LAST NAME FIRST NAME

ADA Member / Registration Number** _____ Florida License Number** _____

Professional Credentials (Circle) PhD MS MA MPH BS RD LD/N DTR Other _____

Preferred Mailing Address (Circle) Home Business

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ MOBILE _____

EMAIL _____

BUSINESS NAME OR EMPLOYER _____

TITLE _____ SPECIALTY _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____ BEEPER _____

EMAIL _____

Check here if you ***do not want*** your name, credentials, specialty, and/or e-mail included in a membership roster that will be printed and given to members. Only the items named will be included in the listing. Cross out any specific items you do not want listed, please, otherwise all four will be posted.

Are you a current ADA member? _____

PLEASE ASSIST US WITH PROGRAMMING AND IDEAS

Program Ideas _____

Speaker Contacts _____

Newsletter Ideas _____

Have you visited our website (www.eatrightswfda.org)? yes no

If so, what for? If not, why not? _____

Any website suggestions? _____

You do not need to be a member of ADA to attend our CE seminars!!