

SOUTHWEST FLORIDA DIETETIC ASSOCIATION

LOCAL AFFILIATE OF THE AMERICAN DIETETIC ASSOCIATION

www.eatrightswfda.org

2009 – 2010 MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY AND MAIL TO: Janet Calderwood, 8271 Key Royal Circle #923, Naples, FL 34119
MAKE CHECKS PAYABLE TO: SOUTHWEST FLORIDA DIETETIC ASSOCIATION

NAME _____ DATE _____
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 _____

FEES: \$25.00 – You must be an ADA member to join the Southwest Florida Dietetic Association.

**Please attach a photocopy of your ADA Membership Card and your FDA Membership Card, if applicable.

Non-ADA Member / Non-SWFDA Member attendance for CEU meetings is \$10 per CEU available at meeting.

Rates are not pro-rated and are renewed on 11/1.

PLEASE ASSIST US WITH PROGRAMMING AND IDEAS

Program Ideas _____

Speaker Contacts _____

Newsletter Ideas _____

I am interested in assisting with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Legislation | <input type="checkbox"/> Program Planning |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Marketing | <input type="checkbox"/> Events |
| <input type="checkbox"/> Winter/Holiday Social Planning | <input type="checkbox"/> Spring Seminar Planning | <input type="checkbox"/> Fall Seminar Planning |