

**Corpus Christi District Dietetic Association
Membership Application 2007-2008**

Last Name _____ First Name _____ Credentials _____

ADA Member Registration Number _____

Home Address _____ City _____ State _____ Zip _____

Preferred Phone _____ Please indicate: home / cell

E-mail Address _____ Birthdate (month/day) _____

Preferred method of contact (please circle): e-mail / phone

Employer _____ Job Title _____

Employer Address _____ City _____ State _____ Zip _____

Work Phone _____ Work Fax _____

Area of Specialization _____

Can you be contacted by the TDA / ADA / Media regarding nutrition issues in your specialty?

Yes / No

May we publish your personal and work contact information in the directory? Yes / No

Ideas for Speakers and Topics _____

Preferred Meeting Time, Day, and/or Place _____

Ideas for Fundraising Activities _____

Would you be interested in any of the following positions? Yes / No

President / President-Elect / Secretary / Treasurer

Please circle the committees/activities in which you are interested:

Nominating--Legislative--Fundraising--National Nutrition Month--Media/PR--Web

Membership dues for 2007-2008 – Please circle one:

Active \$30 Diet Tech \$20 Friend of CCDDA \$40 Student \$10 Retired-No Fee

Mail this form and check – **payable to Corpus Christi Dietetic Association** to:

Kim Morin, RD, LD
7014 Spanish Wood Drive
Corpus Christi, TX 78414

Thank you for your support!