

**Tidewater Dietetic Association
Membership Application
FY 2007-2008**

Name _____ ADA Number** _____

Address _____
(Please include city and zip code)

Telephone Number: Home or Cell _____ Work _____

Place of Employment _____

***E-mail address (please print
clearly)** _____

Newsletters are sent by e-mail. If you do not have access to e-mail please indicate by writing "no e-mail account" in the space above and we will send you paper copies of the newsletter.

** (You must be a member of ADA to be a member of TDA. You must also have chosen your affiliation as Virginia. Non-ADA members may attend TDA meetings but a CEU processing fee is required.)

ADA Membership Classification: ___ RD ___ DTR ___ Student*

Areas of Interest:

<input type="checkbox"/> Public Relations/Community Service	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Mentoring of Students
<input type="checkbox"/> Legislation	<input type="checkbox"/> Career Guidance
<input type="checkbox"/> Programming	<input type="checkbox"/> Other _____

Please support dietetic students attending TCC and Norfolk State University by contributing to the TDA Scholarship fund. Include your tax- deductible contribution in your membership dues check. Every little bit helps. Thanks!

Membership Dues:

_____ \$22.00 _____ New _____ Renewing

_____ \$27.00 Renewal if postmarked after May 31st

_____ \$11.00 Student

_____ Donation to the Scholarship Fund

\$ _____ Total (make check payable to TDA) and return this form to:

**Liisa Coco
509 Vestry Court
Virginia Beach, VA 23464**

*Student status must be verified by the signature of a professor. Student must be classified as "full-time" to be a student member of TDA.

Signature of Professor _____