



Email: eatrightjax@yahoo.com

www.eatrightjax.org

## Membership Application Form

First Name

MI

Last Name

Credentials

Please select application type: New Member  Renewal

ADA Member # \_\_\_\_\_ FL License # \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Beeper: \_\_\_\_\_ Fax: \_\_\_\_\_

Position: \_\_\_\_\_ Specialty: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

At which address would you prefer to receive JDA correspondence? Business  Home

Email Address: \_\_\_\_\_

Council District: \_\_\_\_\_ School Board District: \_\_\_\_\_

US Congressional District: \_\_\_\_\_ FL State Senate: \_\_\_\_\_

FL House of Representatives: \_\_\_\_\_

Please check all committees for which you would like to be involved:

Membership

Professional Development

By Laws/Legislation

Public Relations

Marketing

Fundraising

Publications

Information Systems

Telecommunication

Would you or someone you know be interested in being a speaker this year? Yes  No

Please list suggestions for speakers/presentation topics on the back of this form.

Membership Fees: Please make checks payable to the **Jacksonville Dietetic Association**

Active ADA Member: \$25

Associate (Student): \$15

Retired: \$15

**\* Return this form, copy of ADA membership card and check to:**

Aurea Thompson  
152 Sandra Road  
Jacksonville, FL 32211