



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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Development | <input type="checkbox"/> By Laws/Legislation |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Information Systems | <input type="checkbox"/> 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:**

Jamie Marchio
174 Parkside Dr
St. Augustine, FL 32095