



Jacksonville  
Dietetic  
Association

## Membership Application Form

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\_\_\_\_\_  
**First Name**                      **MI**                      **Last Name**                      **Credentials**

Please select application type: New Member  Renewal

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

Email Address (for JDA listserv): \_\_\_\_\_

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

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

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

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

Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

**Please check any/all committees that you would like to be involved with this year:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Professional Development   | <input type="checkbox"/> Bylaws              | <input type="checkbox"/> Legislation           |
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Fundraising         | <input type="checkbox"/> Publications/Projects |
| <input type="checkbox"/> Membership                 | <input type="checkbox"/> Information Systems |  |

Please suggest topics/speakers for upcoming CEU presentations: (use back for additional space)

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

- Active ADA Member: \$25                       Student: \$15                       Retired: \$15

**\* Return this form, copy of ADA Membership Card and check to:**

Jacksonville Dietetic Association  
PO Box 550905  
Jacksonville, FL 32255-0905