

**SCDA 2011-2012
Membership Application**
Invest in Your Profession!

Contact Information

Name _____ Credentials _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Place of Employment _____ Job Title/Description _____

Areas of Practice (please circle best choice):

- | | |
|---------------------------|-----------------------------|
| 1. Clinical Dietetics | 5. Business and Industry |
| 2. Community Dietetics | 6. Student or Intern |
| 3. Food Service | 7. Retired |
| 4. Education and Research | 8. Not working in dietetics |

Areas of Interest (please check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Awards |
| <input type="checkbox"/> National Nutrition Month | <input type="checkbox"/> Fundraising |

2011-2012 Membership Dues Schedule

Early Membership Special	(if postmarked before 9/9/2011)	\$ 35.00
Regular Annual Membership Fee		\$ 40.00
Student / Retired Membership Fee		\$ 10.00
Late Fee	(if postmarked after 10/19/11)	\$ 10.00

SEPTEMBER DINNER KICK OFF MEETING **\$ 20.00**

TOTAL CHECK AMOUNT **\$ _____**

Check # _____

PLEASE SEND A CHECK MADE OUT TO SCDA AND THIS FORM TO:

Julie Stegall, RD
SCDA Membership Chair
1414 Chesham Circle
Colorado Springs, CO 80907

Please direct all membership questions to Julie Stegall at (719) 510-8453 or stegall.julie@gmail.com

Receipt

For: SCDA Membership Due

Date:

Amount: