

# Corpus Christi Dietetic Association Membership Application 2011-2012

Name \_\_\_\_\_ Credentials \_\_\_\_\_

ADA Member Registration Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Preferred e-mail \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Fax \_\_\_\_\_

Area of Specialization \_\_\_\_\_

What nutrition topics would interest you for monthly meetings? \_\_\_\_\_

\_\_\_\_\_

Preferred Meeting Time \_\_\_\_\_ Day of the Week \_\_\_\_\_

Ideas for Fundraising Activities \_\_\_\_\_

\_\_\_\_\_

Can you help make our organization stronger with some volunteer time?  
Help is needed during fundraising activities, community involvement,  
National Nutrition Month and other events and a few hours of your time is  
greatly appreciated.      Yes, I can      or      No, I can not

Membership Dues for 2011 - 2012. Please circle one:

Active \$30    Diet Tech \$20    Friend of CCDA \$20    Student \$10    Retired NoFee

**RETURN APPLICATION BY SEPTEMBER 16th, 2011**

Mail this form and check- payable to Corpus Christi Dietetic Association to:

Jessica Stauffer-Engelbrecht

410 Indiana Avenue

Corpus Christi, TX 78404

jstauffer@dsi-corp.com