

PLEASE PRINT

First Name _____ Middle initial _____ Last Name _____

Mailing address _____

City/state/zip code _____

By providing this information, I consent to receive any e-mails that ADA and its related organizations (including affiliates, MIGs and DPGs) may elect to send.

Primary telephone _____ Email _____

Social Security No. _____ Maiden/former name _____ Birth date _____

Preferred affiliate/state dietetic association _____

Did someone recommend ADA membership to you?

If so, what is their name, city, and state? _____

ADA'S MEMBERSHIP YEAR IS JUNE 1—MAY 31, REGARDLESS OF MEMBERSHIP ACCEPTANCE DATE.

Applications received after February 28, 2009, will be processed for the next membership year (June 2009—May 2010) unless specifically requested. ADA dues are not prorated, refundable or transferable.

BEGIN MY MEMBERSHIP: As soon as possible (June 2008—May 2009) or HOLD for the June 2009—May 2010 membership year

DIETETIC PRACTICE GROUPS (DPGs)

Dietetic Practice Groups are professional-interest groups that provide opportunities for leadership, career development and networking.

MEMBER INTEREST GROUPS (MIGs) are groups of ADA members who share a common interest. MIGs focus on areas other than the practice of dietetics or geographic location.

Please carefully check the box(es) corresponding to the DPG(s) and MIG(s) you wish to join. Consult the DPG Web sites for individual DPG subunit information. *Membership in DPGs and MIGs will begin on June 1, 2008 and run through May 31, 2009.*

DIETETIC PRACTICE GROUPS (DPGs)

- | | | | |
|--|---------------|--|---------------|
| <input type="checkbox"/> Behavioral Health Nutrition (BHN) formerly DDPD | #12 (US \$25) | <input type="checkbox"/> Nutrition Educators of Health Professionals (NEHP) | #51 (US \$25) |
| <input type="checkbox"/> Clinical Nutrition Management (CNM)* | #44 (US \$10) | <input type="checkbox"/> Nutrition Entrepreneurs (NE)* | #30 (US \$15) |
| <input type="checkbox"/> Consultant Dietitians in Health Care Facilities (CDHCF)* | #31 (US \$15) | <input type="checkbox"/> Nutrition in Complementary Care (NCC) | #18 (US \$30) |
| <input type="checkbox"/> Diabetes Care and Education (DCE) | #23 (US \$30) | <input type="checkbox"/> Oncology Nutrition (ON)* | #20 (US \$10) |
| <input type="checkbox"/> Dietetic Educators of Practitioners (DEP) | #50 (US \$25) | <input type="checkbox"/> Pediatric Nutrition (PNPG) | #22 (US \$25) |
| <input type="checkbox"/> Dietetic Technicians in Practice (DTP) | #45 (US \$25) | <input type="checkbox"/> Public Health/Community Nutrition (PHCNPG) | #10 (US \$25) |
| <input type="checkbox"/> Dietetics in Physical Medicine and Rehabilitation (DPM&R) | #25 (US \$25) | <input type="checkbox"/> Renal Dietitians (RPG) | #21 (US \$25) |
| <input type="checkbox"/> Dietitians in Business and Communications (DBC) | #32 (US \$35) | <input type="checkbox"/> Research (RDPG) | #54 (US \$25) |
| <input type="checkbox"/> Dietitians in Nutrition Support (DNS) | #24 (US \$30) | <input type="checkbox"/> School Nutrition Services (SNS) | #42 (US \$25) |
| <input type="checkbox"/> Food and Culinary Professionals (FCP) | #46 (US \$30) | <input type="checkbox"/> Sports, Cardiovascular, and Wellness Nutritionists (SCAN) | #33 (US \$35) |
| <input type="checkbox"/> Healthy Aging (HA) formerly GN | #11 (US \$25) | <input type="checkbox"/> Vegetarian Nutrition (VN)* | #14 (US \$10) |
| <input type="checkbox"/> HIV/AIDS (HIV/AIDS) | #29 (US \$25) | <input type="checkbox"/> Weight Management (WM)* | #26 (US \$15) |
| <input type="checkbox"/> Hunger and Environmental Nutrition (HEN)* | #15 (US \$15) | <input type="checkbox"/> Women's Health (WH) formerly WHRN | #28 (US \$25) |
| <input type="checkbox"/> Management in Food and Nutrition Systems (MFNS) | #41 (US \$25) | | |
| <input type="checkbox"/> Medical Nutrition Practice Group (MNPg) | #27 (US \$25) | | |
| <input type="checkbox"/> Nutrition Education for the Public (NEP) | #52 (US \$25) | | |

***Special Student Pricing**

TOTAL DPG dues: US \$ _____

*(Place total on reverse side of application form)
Allow 8-10 weeks to receive your first mailing.
DPG dues are not prorated, refundable or transferable.*

MEMBER INTEREST GROUPS (MIGs)

- MIG-01 Latinos and Hispanics in Dietetics and Nutrition (LAHIDAN)* (US \$15)
- MIG-02 National Organization of Men in Nutrition (NOMIN) (US \$10)
- MIG-03 Chinese Americans in Dietetics & Nutrition (CADN)* (US \$10)

***Special Student Pricing**

TOTAL MIG dues: US \$ _____

*(Place total on reverse side of application form)
Allow 8-10 weeks to receive your first mailing.
MIG dues are not prorated, refundable or transferable.*

AMOUNT DUE TO ADA IN US DOLLARS

Dues/fees: US\$ **49.00**

DPG dues (from reverse): US\$ _____

MIG dues (from reverse): US\$ _____

PLEASE PAY THIS AMOUNT: US\$ _____

MAIL TO:

American Dietetic Association, Attention: Membership Team,
120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995 USA

PLEASE MAKE CHECKS PAYABLE TO ADA

Credit card:

American Express Discover MasterCard VISA

Credit Card Number _____

Exp. Date (mo/yr) _____

When paying by credit card, you may also fax your application to
312-899-4812. Or apply online at www.eatright.org

OPTIONAL DEMOGRAPHIC INFORMATION

Although your response to any or all of the following is optional, ADA uses this information to tailor products, programs and services to meet your needs. Responses are not used when processing membership applications.

Gender: Female Male

Ethnicity: Hispanic or Latino (If you are not Hispanic or Latino or prefer not to answer the question, please identify your race by checking one of the boxes below)

Race: American Indian or Alaskan Native Asian
 Native Hawaiian or Pacific Islander Black or African American
 White Two or more races
 Prefer not to identify

I VERIFY THAT I AM... (check one)

- Currently enrolled in a CADE-accredited/approved dietetics education program and do not meet the requirements for Active membership in the American Dietetic Association.
- Currently enrolled in a regionally accredited college/university that does not provide a CADE-accredited/approved dietetics program, but I have stated intent to enroll in a CADE-accredited/approved dietetics program.
- An Active member of the American Dietetic Association who is applying for Student membership and is currently enrolled full-time in a regionally accredited college/university or a CADE-accredited/approved dietetics program. Must provide verification of full-time status

TYPE OF PROGRAM (check one) Didactic Dietetic Technician Dietetic Internship
 Coordinated Advanced Degree

Anticipated date of program completion (please print) _____

Program director's name (please print) _____

Full name of college/university/institution (please spell out) _____

THE AMERICAN DIETETIC ASSOCIATION IS AN EQUAL OPPORTUNITY ORGANIZATION.

American Dietetic Association (ADA) dues must be paid in full based upon your membership category and are non-refundable and non-transferable and include allocations of \$17.08 for the *Journal of the American Dietetic Association*, \$4.50 for *ADA Times* and 20% for membership in the state affiliate dietetic association. ADA dues are not deductible as charitable contributions, but dues may be deductible as ordinary business expenses. It is estimated that 16% of the total dues amount is allocated to lobbying activity and is therefore not deductible.

If accepted as a member, I agree to abide by the Code of Ethics for the Profession of Dietetics, the ADA Bylaws and regulations, and to hold harmless the Association, its members and employees for their activities in enforcing them. I also consent to receive any faxes or e-mails that ADA and its related organizations (affiliates, MIGs and DPGs) may elect to send to me.

Signature _____ Date (Month/Date/Year) _____