

# W.A.M.D.A.

Western Area Massachusetts Dietetic Association  
www.wamda.org  
2009-2010 MEMBERSHIP APPLICATION  
(October 2009 – September 2010)

PLEASE CLEARLY PRINT all information:

<sup>1</sup>Name: \_\_\_\_\_

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

Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please place an (\*) by your preferred contact #

E-mail Address: \_\_\_\_\_

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Are you a brand new member? Yes\_\_\_ No\_\_\_ Lapsed member? Yes\_\_\_ No\_\_\_

Are you an ADA member? Yes\_\_\_ No\_\_\_ Registered with CDR? Yes- # \_\_\_\_\_

I'm a(n): RD DTR LDN Student Other \_\_\_\_\_

\*\*\*\*\*

Place of Employment: \_\_\_\_\_ Position Title: \_\_\_\_\_

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### WAMDA Committees (Please circle if you would like volunteer for a committee)

Public Relations Road Race Scholarship Program Planning Reimbursement LPPC<sup>2</sup>

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WAMDA WEBSITE: www.wamda.org

**NOTICE:** All WAMDA news is posted on our website. Members will receive membership specific e-mails periodically, though, not all updates will be e-mailed. Therefore, visit the *Member's Only* section of the website often!

Membership confirmation and login information will be sent upon receipt of your application and dues.

<sup>1</sup> Note, this information may be shared with entire membership. Please list the appropriate address information that you would not mind having sent to fellow WAMDA members.

<sup>2</sup> Legislative and Public Policy Committee

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**MEMBER REFERRAL LISTING & SPEAKERS BUREAU**

Would you like your practice to be included on the WAMDA member referral listing? Or be listed as a potential speaker for the community? If so, please fill out the following information:

**Contact Information to List (your name, address, telephone and e-mail):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Areas of Counseling and Speaking Specialty:** \_\_\_\_\_

**Other Relevant Information (bilingual, services, website, blog, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PROGRAM PLANNING SURVEY**

Interested in having a speaker on a specific topic? If so, please write in a specific topic or speaker.

1. \_\_\_\_\_

2. \_\_\_\_\_

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**Mail By: September 23, 2009**

**Dues: \$20.00 (\$25.00 if mailed after 9/30/09)**

**Students and Retired members: \$10.00 (\$15.00 if mailed after 9/30/09)**

**Make checks payable to: WAMDA**

**Send dues to:**

WAMDA  
c/o Corresponding Secretary  
37 Northwood Ave  
West Springfield, MA 01089

**RECRUIT AND SAVE \$5 FOR BOTH YOU & THE NEW/LAPSED MEMBER!!**