

W.A.M.D.A.

Western Area Massachusetts Dietetic Association
www.wamda.org

**MEMBERSHIP APPLICATION
2008-2009**

PLEASE CLEARLY PRINT all information:

¹Name: _____

Address: _____

Street _____ Apt _____
City _____ State _____ Zip _____

Home phone: _____ Work Phone: _____

Please place an (*) by your preferred contact #

E-mail Address: _____

Are you a brand new member? Yes___ No___ Lapsed member? Yes___ No___

Are you an ADA member? Yes- Registration # _____ No___

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

Place of Employment: _____ Position Title: _____

Place of Employment: _____ Position Title: _____

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

Public Relations Road Race Scholarship Program Planning Reimbursement LPPC²

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.

¹ 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.

² Legislative and Public Policy Committee

W.A.M.D.A.

Western Area Massachusetts Dietetic Association
www.wamda.org

PROGRAM PLANNING SURVEY

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

1. _____

2. _____

3. _____

Mail By: September 30, 2008

Dues: \$20.00 (\$25.00 if mailed after 9/30/08)

Students and Retired members: \$10.00 (\$15.00 if mailed after 9/30/08)

Make checks payable to: WAMDA

Send dues to:

**WAMDA
c/o Corresponding Secretary
PO Box 6149
Holyoke, MA 01041**

RECRUIT A MEMBER AND SAVE!!

YOU & THE NEW/LAPSED MEMBER EACH SAVE \$5.00!!