



MRDA

The Nutrition Experts

2000/2001 Dues Notice and Member Survey Form

Please type or print all responses. This information will be used to compile the 2000-2001 Membership Directory.

NAME _____
First Last Initial RD DIR Other

HOME ADDRESS _____
City State Zip

HOME PHONE (____) ____ - _____ E-Mail Address _____

Fax (____) ____ - _____

PRESENT WORK INFORMATION (As you would like it listed in the Directory)

TITLE _____

COMPANY _____

ADDRESS _____
City State Zip

WORK PHONE (____) ____ - _____ E-Mail Address _____

Fax (____) ____ - _____

MEMBERSHIP CATEGORY (Check one listed on ADA Membership Card)

- Active Retired** Affiliate Technician Associate Supporting Colleague

ADA # _____ ** Membership is complimentary for retired members.

NOTES:

- If you do not qualify for ADA Membership, you can still be considered a Supporting Colleague. If you do qualify for ADA Membership but are not a member, you are not eligible to belong to MRDA.
- Cost for obtaining CE hours for non-members is \$5 per hour as requested for any MRDA program.

MRDA Dues

_____ \$20/year before 7/30/00; after \$25 for Active, Technician, Affiliate and Associate Members.
_____ \$15/year before 7/30/00; after \$20 for Supporting Colleagues. **NOTE:** If you recently relocated to our district and are joining as a new member, the \$5 late fee will be waived.
_____ Contribution to the NYSDA Scholarship Fund
_____ Contribution to the MRDA Scholarship Fund
_____ Contribution to ADA Foundation
\$ _____ **TOTAL ENCLOSED** Please Complete Information on Reverse

Make Checks Payable to: Mohawk Regional Dietetic Association
Mail to: Linda Loucy, DIR, Treasurer 928 Batavia Ave., Rome, NY 13440