

**Southern Tier Dietetic Association  
Membership Form**

The 2008-2009 membership year begins June 1, 2008. Dues are payable on or before **September 1, 2008** to be included in the Membership Directory. **All STDA members must also be members of the American Dietetic Association.** All members receive the newsletter. Non-ADA members may purchase a newsletter subscription.

Make checks payable to the **Southern Tier Dietetic Association**. Remit payment and form to:

**Debbie Driesen  
5460 State Route 89  
Romulus, NY 14541**

**ADA Member Categories (please include your ADA number):**

Category	ADA Number	Fee	Amount Enclosed
Active ADA (includes RDs and DTRs)	_____	\$25.00	_____
Associate ADA (includes affiliates, students, and interns)	_____	\$13.00	_____
Retired ADA	_____	\$10.00	_____
RD/DTR Full-Time Student	_____	\$13.00	_____
Non-Members Newsletter Subscription Only		\$25.00	_____

**Optional Donations:**

NYSDA Scholarship Fund	_____
ADA Foundation Donation	_____
NYSDA Political Action Committee ( <i>highly recommended</i> )	_____
Ruth Harmon Scholarship Fund (sends a student to PPW)	_____

**Total Amount Enclosed** (Check Number \_\_\_\_\_) \_\_\_\_\_

**Please complete membership information as you would like it to appear in the directory. Please notify Membership Chair if your contact info changes during the year.**

**Name:** \_\_\_\_\_ **Position or Specialization:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Dietetic Practice Group(s) (DPGs) you belong to:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**STDA wants to design programs that will both meet your needs, help you extend your skills and expertise in the field, and help you develop your Portfolio.**

**Suggested topics and speakers:**

**What facilities are convenient for you to attend meetings?**

**Are you interested in serving on the STDA Board of Directors/Operations Council?**

**Do you have any special talents or experiences you would like to share? (Please include foreign languages spoken as well as experience with other cultures/ethnicities).**

**Would you like your name and e-mail address to be included on a Member List that will be posted on STDA's webpage on the NYSDA website?**

**COMMENTS AND ADDITIONAL FEEDBACK:**

**Please let us know how STDA is or is not meeting your professional needs. We welcome and suggestions or comments you would like to share with us. Thank you for your interest and support of the Southern Tier Dietetic Association and we look forward to seeing you at the meetings!**