| WKDA Membership Application 2019-2020 |
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| Applicant Information |
| Name: |
| Email:  | Phone: (Home/Cell): |
| Current address: |
| City: | State: | ZIP Code: |
| Employment Information |
| Current employer: |
| Employer address: |
| Phone: | E-mail: |
| City: | State: | ZIP Code: |
| PReferences |
| Email: [ ] Work [ ] Home | Mailing Address: [ ] Work [ ] Home | Phone: [ ] Work [ ] Home |
| Can we share your contact information with others (check all appropriate boxes): [ ]  patients looking for an RD in your area  [ ]  prospective employment opportunities [ ]  other RDs wanting to network |
| Special Areas of Interest:  |
| Are You interested in a leadership role with wkda?  [ ] Yes [ ] No |
| WKDA USE |
| Membership Dues of $10 Paid By: [ ] Check [ ] Cash  |
| Membership Application Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Notes:  |

\*Please mail payment to: Heidi Stevens, 1202 Steele Ave., Scott City, KS 67871