| WKDA Membership Application 2019-2020 | | |
| --- | --- | --- |
| 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