**Wichita Dietetic Association**

*Membership Application 2019-2020*

*(Membership year is July 1, 2019-June 30, 2020)*

***Membership of the Wichita Dietetic Association includes the following:***

* Fall and Spring Social
* One Fall networking event: lunch provided with 4 hours of approved continuing education
* One Spring networking event: lunch provided with 4 hours of approved continuing education
* Membership Directory
* Other networking opportunities with local dietitians

***Membership Categories:***

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| \_\_\_\_  | AND/KDA Associate Member (postmarked by November 1, 2019)  | $40.00  |
| \_\_\_\_  | AND/KDA Associate Member (postmarked after November 1, 2019)  | $50.00  |
| \_\_\_\_  | AND/KDA Member Retiree:  | $ 0.00  |
| \_\_\_\_  | Dietetic Student/Dietetic Intern (must be AND member)  | $ 0.00  |
| \_\_\_\_  | I would like to make an additional donation to WDA  | $\_\_\_\_\_  |

***Current Academy of Nutrition and Dietetics (AND) Membership is required for WDA membership.***

***Please include a copy of your 2019-2020 AND membership card (NOT your CDR card) or electronic receipt with your dues.***

*Make checks payable to* ***‘Wichita Dietetic Association’.***

*Please return application, proof of AND membership, and payment (if applicable) to:*

*LuAnn Soliah, WDA Secretary, 7077 E. Central Ave Unit #13, Wichita, KS 67206*

AND #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please include a copy of your 2019-2020 AND card, *not* CDR card)

Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title or Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Fax:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address you wish to use (print clearly):  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 Yes No

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| --- | --- | --- |
| Would you like to be included in the WDA Membership Directory?  |   |   |
| For award purposes, will you be under age 35 as of April 2020?  |   |   |
| Are you interested in being on the WDA board?  |   |   |
| Are you interested in speaking at one of our seminars this year?  |   |   |

Speaker and topic suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *For Office Use Only*  | *Date Received*  | *Board Member*  |
| *Application*  |  |  |
| *Payment*  |  |  |
| *AND membership verification*  |  |  |