

Lehigh Valley Dietetic Association  
Membership Application 2018-2019

**Please fill in all information as completely as possible!**

Name \_\_\_\_\_  
(Last) (First) (Credentials)

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

**Home address (if different from mailing address for best match to your state legislators/Congressperson)**

\_\_\_\_\_

County in which you reside: \_\_\_\_\_

Academy of Nutrition and Dietetics Registration ID Number \_\_\_\_\_  
(Pennsylvania Academy of Nutrition and Dietetics Membership is a **prerequisite** for LVDA Membership.)

Employer/Organization/Company Name (if currently a dietetic intern or student please indicate school or internship & anticipated date of completion) \_\_\_\_\_

Business Position (please indicate if dietetic intern or if student) \_\_\_\_\_  
If self-employed, specialty \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Home  Cell  Work  Home  Cell  Work

E-Mail \_\_\_\_\_ Preferred Method of contact: \_\_\_\_\_

**Registered Dietitians and Dietetic Technicians Registered:**

Number of years as a dietitian or dietetic technician \_\_\_\_\_

Check here if you are 35 years old or younger

(This information will be used to identify potential candidates for the Recognized Young Dietitian and Recognized Dietetic Technician of the Year awards).

**DISTRICT ASSOCIATION PARTICIPATION**

Your participation is vital to the success of our association.

**What is your #1 concern?** \_\_\_\_\_

**We hope you will become involved in one or more of the following activities.** You may be contacted by a committee coordinator if a project or need arises. Indicating your interest does not obligate you.

- |  |   |
|--|---|
| <input type="checkbox"/> Nutrition Education for the Public                          | <input type="checkbox"/> Legislation & Public Policy                |
| <input type="checkbox"/> Health Fairs  | <input type="checkbox"/> Newsletter                                 |
| <input type="checkbox"/> Membership Recruitment/Retention                            | <input type="checkbox"/> Web Site                                   |
| <input type="checkbox"/> Educational Meeting Planning                                | <input type="checkbox"/> Professional Recruitment & Career Guidance |
| <input type="checkbox"/> Speakers Bureau: Please indicate topics of expertise: _____ | <input type="checkbox"/> Public Relations                           |

**Please check if you are interested in learning more about becoming an LVDA Board Member!**

The Nominating Chair-elect will contact you.

**Indicate if you have ever held office or served on a committee.**

(Please include the position held & experience from other dietetic associations if applicable.)

Local Association \_\_\_\_\_

State Association \_\_\_\_\_

National Association \_\_\_\_\_

Lehigh Valley Dietetic Association  
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**Dues:**

Early-bird Registration (March 1 - May 31, 2018)

- |   |         |
|---|---------|
| <input type="checkbox"/> General Membership (PAND Member) | \$30.00 |
| <input type="checkbox"/> Dietetic Technician, Registered  | \$25.00 |
| <input type="checkbox"/> Student                          | \$10.00 |
| <input type="checkbox"/> Dietetic Intern                  | \$10.00 |
| <input type="checkbox"/> Retired                          | \$ 5.00 |

Registration (after May 31, 2018)

- |   |         |
|---|---------|
| <input type="checkbox"/> General Membership (PAND Member) | \$35.00 |
| <input type="checkbox"/> Dietetic Technician, Registered  | \$30.00 |
| <input type="checkbox"/> Student                          | \$10.00 |
| <input type="checkbox"/> Dietetic Intern                  | \$10.00 |
| <input type="checkbox"/> Retired                          | \$ 5.00 |

For Office Use Only

- |   |
|---|
| <input type="checkbox"/> Payment received     |
| <input type="checkbox"/> Amount Due: \$ _____ |

Optional Contributions

- |  |          |
|--|----------|
| <input type="checkbox"/> LVDA Scholarship Fund | \$ _____ |
| <input type="checkbox"/> PADA Foundation       | \$ _____ |
| <input type="checkbox"/> PADAPAC Foundation    | \$ _____ |

(Please write a separate check made out to PADAPAC (the PA Dietetic Association Political Action Committee) and mail it with your payment to LVDA)

Total Enclosed \$ \_\_\_\_\_

Please make checks payable to the *Lehigh Valley Dietetic Association*

Please complete both sides of this form and return it and your check to:

Lehigh Valley Dietetic Association  
P.O. Box 3388  
Allentown, PA 18106-0388

**Should any changes occur to your application throughout the membership year please contact the Membership Coordinator via email with updates: [lvdamembership@gmail.com](mailto:lvdamembership@gmail.com)**

Additional Information:

- ◆ LVDA bylaws require Academy of Nutrition and Dietetics (AND) membership as a prerequisite to LVDA membership
- ◆ The LVDA membership year runs from June 1, 2018 to May 31, 2019
- ◆ Dues are not pro-rated, refundable, or transferable
- ◆ Please retain a photocopy for your records

The Membership directory is confidential and may not be shared without permission of the LVDA Executive Committee. If you have any questions regarding the membership application please email the Membership Coordinator at [lvdamembership@gmail.com](mailto:lvdamembership@gmail.com) LVDA appreciates your support and looks forward to another successful year!