

Lehigh Valley Dietetic Association
Membership Application

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.

____ Nutrition Education for the Public	____ Legislation & Public Policy
____ Health Fairs	____ Newsletter
____ Membership Recruitment/Retention	____ Web Site
____ Educational Meeting Planning	____ Professional Recruitment & Career Guidance
____ Speakers Bureau: Please indicate topics of expertise:	____ 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 _____

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Dues:

Early-bird Registration (March 1 - May 31)

General Membership (PAND Member)	\$30.00
Dietetic Technician, Registered	\$25.00
Student	\$10.00
Dietetic Intern	\$10.00
Retired	\$ 5.00

Registration (starting June 1)

General Membership (PAND Member)	\$35.00
Dietetic Technician, Registered	\$30.00
Student	\$10.00
Dietetic Intern	\$10.00
Retired	\$ 5.00

Optional Contributions

LVDA Scholarship Fund	\$ _____
PADA Foundation	\$ _____
PADAPAC Foundation	\$ _____

For Office Use Only
Payment received
Amount Due: \$ _____

(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

Additional Information:

- ◆ LVDA bylaws require Academy of Nutrition and Dietetics membership as a prerequisite to LVDA membership
- ◆ The LVDA membership year runs from June 1 through May 31
- ◆ 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 LVDA appreciates your support and looks forward to another successful year!

SOCIAL MEDIA & WEBSITE RELEASE WAIVER: I, the undersigned, grant permission to the Lehigh Valley Dietetic Association to post my photograph, info-graphic, or text content and possible details of identity (name and/or facility associated with the photograph or info-graphic). I understand that the picture and information may be posted on the website, newsletters, Facebook, Twitter, or Instagram accounts for the Lehigh Valley Dietetic Association as well as social media accounts and websites of parent organizations (ie: Pennsylvania Dietetic Association) and/or the associated facilities' websites and social media accounts (ie: Allentown Health Bureau, Cedar Crest College, etc.). I also recognize that followers of these social media accounts may share on their own personal accounts. I hereby release the Lehigh Valley Dietetic Association, its board members, its members, facilities and associated employees and management, and followers of all social media accounts from all claims and demands arising out of or in connection with any use of photographs including and without limitation for all claims for invasion of privacy, infringement of my right of publicity, defamation, and other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due as a result of the use of the pictures or any rights therein. This form applies to all future social media and website pictures until a formal letter revoking permission is received by the Social Media Chair of the Lehigh Valley Dietetic Association. Once received and reviewed, no posts or pictures will be used; however, previous pictures and posts will not be removed.

Yes, I consent to my picture and name being used on the LVDA website or social media platforms for the membership year.

No, I do not consent.

Signature _____

Date _____