

Member/Guest Form 2007–2008

All members are eligible to vote and hold office



CATEGORY: please check one

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> ADA Active member | \$20.00 | <input type="checkbox"/> Student Guest | \$20.00 |
| <input type="checkbox"/> ADA Retired member | \$10.00 | <input type="checkbox"/> Non-ADA Member | \$20.00 |
| <input type="checkbox"/> ADA Student member | \$10.00 | | |

Please type or print clearly

Name: _____ Credentials: _____

Position: _____

Home Address: _____ Work Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Preferred E-mail Address for LDA communications: _____

Fax Number: (____) _____

I prefer mailings to be sent to: Home Work

Do you hold a board Certified Specialty or Certificate of Training from ADA/CDR? Yes No
If yes, please indicate type _____

Do you provide nutrition counseling or classes? Yes No If you would like to be listed on
LDA's website (for purposes of LDA networking or referrals only), please include contact information and
services provided _____

Would you be interested in volunteering during our 27th annual Food and Fitness 5K Walk/Run in March
2008? Yes No Maybe Contact me closer to the race.

Make check payable to **Lansing Dietetic Association**. Send payment and completed form to:

Mary Angela Niester, Secretary/Membership
7617 Towering Pines Drive
Brighton, MI 48116

Due Date: September 30, 2007

***Late Fee** of \$5.00 for forms received after due date

(Please take a moment and complete the Needs Assessment on the back of this page)

LDA Needs Assessment

To help LDA meet your needs, we need your input!

What is (are) your preferred meeting:

- Day(s)?: _____
- Time(s)?: _____
- Location(s)?: _____
(ex. Sparrow Hospital conference center, UDIM, MSU campus, etc.)

What subjects are you interested in learning about at our meetings?

- | | |
|---|---|
| <input type="checkbox"/> Sports Nutrition | <input type="checkbox"/> Weight management |
| <input type="checkbox"/> Food Service (specify) _____ | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Media Training | <input type="checkbox"/> Cardiovascular Disease |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Managerial Skills | <input type="checkbox"/> Nutrition Education (i.e. Behavioral Theories) |
| <input type="checkbox"/> Medical Nutrition Therapy | <input type="checkbox"/> Gathering Research and/or Data Evaluation |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Enteral and Parenteral Nutrition |
| <input type="checkbox"/> Mentoring/Leadership | <input type="checkbox"/> Disordered eating |
| <input type="checkbox"/> Complementary Medicine | <input type="checkbox"/> Panel of Red's describing their career/jobs |
| <input type="checkbox"/> Other topic (Please specify) _____ | |

What are your Professional Portfolio goals? _____

Would you be interested or do you know of anyone interested in speaking at an LDA meeting?

- Yes No If yes, what topic? _____

Are you interested in any LDA board positions for next year? (Descriptions of board positions can be found at www.eatrightlansing.org) Yes No Possibly

The Lansing Dietetic Association highlights its members on our website (see www.eatrightlansing.org).

Would you be interested in submitting a bio telling website visitors about your job(s) or any of your other interesting experience(s) in the field of nutrition? Yes No

Would it assist you to have child care offered for our meetings? Yes No

If so, would you be willing to contribute \$2 per meeting to help defray child care costs? Yes No

Thanks for your help!