

# SWMDDA MEMBERSHIP APPLICATION

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State MI Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Area of Practice: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check this box if you would like your contact information shared with other SWMDDA members. Your name, address, and email will be included in a membership directory.

**ADA Status:** \_\_\_\_\_ RD \_\_\_\_\_ Retired \_\_\_\_\_ Student \_\_\_\_\_ Registry \_\_\_\_\_ Eligible \_\_\_\_\_ Other  
ADA Member Number \_\_\_\_\_ \*you must be an ADA member to be a SWMDDA member.

**Volunteer! Check an area of interest to help strengthen your organization:**

\_\_\_\_\_ Conference Planner \_\_\_\_\_ Legislature \_\_\_\_\_ Website \_\_\_\_\_ National Nutrition Month  
\_\_\_\_\_ TV/Radio spots \_\_\_\_\_ Monthly Public Relations

**Ideas for Topic CEU's:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Possible Speakers/Sponsor Suggestions:**

\_\_\_\_\_  
\_\_\_\_\_

**What days of the week and time of day would you suggest for conference times?**

\_\_\_\_\_  
\_\_\_\_\_

**Location Suggestions:**

\_\_\_\_\_  
\_\_\_\_\_

**Are you interested in doing a presentation for SWMDDA?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

Annual dues for the 2011-2012 membership years: ([www.swmdda.weebly.com](http://www.swmdda.weebly.com))

Student \_\_\_\_\_ \$10.00

Make checks payable to **SWMDDA**

ADA Member \_\_\_\_\_ \$30.00

**\*\* If Postmarked by August 1, 2011**

\*\*ADA Member \_\_\_\_\_ \$25.00

**Mail to:**

Suzanne Beckett  
10355 East DE Ave  
Richland, MI 49083

**Thank You for supporting SWMDDA!**