



# Southeastern Michigan Dietetic Association

Membership Application for June 1, 2009 to May 31, 2010

**Membership in SEMDA is limited to members of the American Dietetic Association.**

ADA Member # \_\_\_\_\_ Today's Date \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
First Initial Last Credentials

Home: \_\_\_\_\_  
Street Address City Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_  Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Please ✓ the box for phone numbers you would like to appear in the directory.

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
Street Address City Zip

Check all committees and/or projects you are interested in. Please visit [www.semda.org/about/become\\_member.html](http://www.semda.org/about/become_member.html) for committee descriptions:

- |  |   |
|--|---|
| <input type="checkbox"/> Case Studies<br><input type="checkbox"/> Financial Resources<br><input type="checkbox"/> Hospitality<br><input type="checkbox"/> Legislation and Public Policy<br><input type="checkbox"/> Newsletter<br><input type="checkbox"/> Scholarship<br><input type="checkbox"/> Website | <input type="checkbox"/> Serving on the Board of Directors for 1 year<br><input type="checkbox"/> Becoming a SEMDA Officer<br><input type="checkbox"/> Fall Program Planning<br><input type="checkbox"/> Fall Workshop Planning<br><input type="checkbox"/> Spring Workshop Planning<br><input type="checkbox"/> MLK Lecture Planning |
|--|---|

<u>Type of Membership</u>	<u>Dues</u>	<u>Early discount if paid before 8/21/2009</u>
_____ Active (includes RD and RD-eligible)	\$35.00	\$30.00
_____ Dietetic Technician, Registered	\$25.00	\$20.00
_____ Retired (Age 62+)	\$20.00	\$15.00
_____ Student (includes active members returning to dietetic-related course of study full time)	\$ 5.00	\$ 5.00
School/Internship _____		

Mail form with check or money order payable to:

**SEMIDA**  
 Damien Buchkowski  
 27953 Walker Ave.  
 Warren, MI 48092

\_\_\_\_\_ Check here if SEMDA membership confirmation is required.

\_\_\_\_\_ I would like to donate \$ \_\_\_\_\_ to the SEMDA Scholarship Fund. **THANK YOU!**  
indicate amount donated

**For your name to appear in the SEMDA Membership Directory your application must be received by August 21, 2009.**