

# Genesee Dietetic Association Membership Form

Membership Year: August 1, 2011 – July 31, 2012  
Due by 7/31/11 (Early bird incentive due 7/20/11)

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

Credentials: \_\_\_\_\_

Check here if **NEW** GDA member

Current ADA Member # (not CDR number): \_\_\_\_\_

**ADA Membership Category (check one):** NYSDA requires GDA members be ADA members

Active     Student     Retired     Honorary (>50 year member)     International

## **1. DIRECTORY INFORMATION** (Indicate how you want GDA members to contact you)

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS: (*specify* work home) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE(S): home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

EMAIL: (*please print clearly*) \_\_\_\_\_

GDA is developing a list of members that are willing to accept referrals for counseling or speaking engagements. Are you interested in being included on this list? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the following:

A. Please list any area(s) of specialty: \_\_\_\_\_

B. Are you willing to have your contact information (available to other GDA members only) listed on the GDA website? Yes \_\_\_\_\_ No \_\_\_\_\_

## **2. PAYMENT INFORMATION**

A. Membership fee: ( <i>Check appropriate category</i> )		<u>Amount Paid</u>
<input type="checkbox"/> Active RD/DTR or International	\$ 30.00	_____
<input type="checkbox"/> Student	\$ 8.00	_____
<input type="checkbox"/> Retired	\$ 15.00	_____
<input type="checkbox"/> Honorary	Free	_____
<input type="checkbox"/> Nonmember – Newsletter & Program Flyers only	\$ 35.00	_____

B. Additional Donations/Contributions: (*specify fund and amount donated*)

Archive Fund \_\_\_\_\_

Nancy DeMuth Ruhle GDA Scholarship Fund \_\_\_\_\_

**Check Total: (made payable to GDA)** \$ \_\_\_\_\_

## **3. SUBMISSION PROCESS** (due by 7/31/11, early bird incentive due 7/20/11)

- ▶ Early birds will be entered into a drawing to win a free 2011-2012 GDA membership
- ▶ Complete both sides of this membership form
- ▶ Attach copy of your 2011-2012 ADA Membership Card (not your CDR card)
- ▶ Include check (made payable to GDA) for membership payment and donations

Mail this form, ADA card, and check to: **Colleen Surek, GDA Membership Chairperson**  
**36 Boxwood Lane, Apt 3**  
**Fairport, N.Y. 14450**

**OVER** →

**Thank you** for your support to your profession. Please keep us informed of any suggestions. We invite you to participate in planning, committees, volunteering for one-time needs, or anything else. Your talents and unique skills will be appreciated in any amount of investment time.

**Please indicate your interests to participate below \***

- Public Relations/Fundraising:** Chairperson coordinates publicity activities within the district and plans events to raise money for scholarships and other GDA needs
- Diet Technician Representative:** Represents Diet Technicians' interests and concerns to Board of Directors
- Reimbursement:** Chairperson will provide updates on Medical Nutrition Therapy reimbursement
- Public Policy Coordinator:** Chairperson will monitor and update members on legislative activity
- Volunteer for a one-time event** (e.g., Health Fairs, Fundraising event or National Nutrition Month)
- Serve on a committee** (check): See job descriptions on the [www.eatrightgda.org](http://www.eatrightgda.org) website under the "Members Only" section. It's a great way to meet people!

Public Relations                       Scavenger Hunt                       Fundraising  
 Program Planning                       Career Guidance

\* You can change your preferences for email lists any time by logging into the "Members Only" section of our website ([www.eatright.org](http://www.eatright.org)) and submitting the form on the bottom of the "Get Involved" page.

**Run for office** (check): *YES* \_\_\_ *NO* \_\_\_ *MAYBE* \_\_\_

President-Elect, Secretary (2-year term), Treasurer (2-year term), or Nominating Committee

Are you aware of any spaces GDA can hold meetings at no cost or low cost? Yes \_\_\_ No \_\_\_

A. If yes, where? \_\_\_\_\_

**Please indicate your interest in GDA programs below**

Would you be interested in GDA sponsoring webinars as CEU programs? Yes \_\_\_ No \_\_\_

Please make suggestions for future programs: \_\_\_\_\_

**~ Benefits of Being a GDA Member ~**

- **Develop** a strong network of colleagues and professionals.
- **Stay** in focus to the ever-changing health care needs and opportunities available.
- **Be** part of the mass marketing appeal of the Dietetics profession to the public.
- **Stay** fresh and passionate with open ideas and mentoring to young dietitians.
- **Gain** professional and leadership exposure.
- **Be** recognized for your work and strengths.
- **Link** yourself to local, state and national activities and news.
- **Create** a louder and stronger voice in Legislation for the benefit & protection of our profession.
- **By** receiving electronic communications, you will have the information at your fingertips on the day of printing **AND** you'll be saving the association money by using e-mail.