

Arizona Academy of Nutrition and Dietetics Southern District Membership Application

(Membership year is June 1st to May 31st)

We appreciate your financial support and your attendance at local meetings and events. Academy dues do not include local District association membership. We rely on your dues to provide local activities.

Any person who is a member in good standing of the Academy of Nutrition and Dietetics is eligible to become a member of the Southern District. (Academy of Nutrition and Dietetics members residing in Arizona are automatically members of the Arizona Academy of Nutrition and Dietetics; members may hold membership in more than one district.)

Please complete this form and mail to: Southern AZ Dietetic Association PO Box 43911 Tucson, AZ 85733-3911

Directions: Click in unshaded cell and type information

Today's Date	July 4, 2016	Academy Member Number:				
First Name		Last Name		Prof. Suffix		
Street		City		State	Arizona	
				Zip		
Preferred phone		Preferred email				
Place of Employment			Job Title			

Indicate Your Membership Type	Member Fee	Amount Due
<input type="checkbox"/> Active RD or DTR -Active Member of Academy	\$25.00	\$
<input type="checkbox"/> Retired RD or DTR -Active Member of Academy	\$15.00	\$
<input type="checkbox"/> Student or Dietetic Intern	\$10.00	\$
Donations		
<input type="checkbox"/> Az-AND Donation		\$
<input type="checkbox"/> Susan Grogan Memorial Scholarship Fund		\$
<input type="checkbox"/> Rissa Miller Memorial Fund		\$
TOTAL AMOUNT DUE		

How are you paying?

- Check enclosed** **Online** (enclose PayPal receipt with completed form)
 Check payable to Southern AZ Dietetic Association www.EatrightArizona.org

In addition to attending meetings and events, please tell us how you would like to be involved in SAZAND:

<input type="checkbox"/> Committee member:
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For Office Use Only: Date received _____ Cash: _____ Check #: _____ PayPal: _____

Membership chair

Executive Board Member

Some other way? Please tell us:

For Office Use Only: Date received _____ Cash: _____ Check #: _____ PayPal: _____