

# SCDA 2017-2018 Membership Application

## Contact Information

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

AND Registration # \_\_\_\_\_ Status:  Active  Retired  Undergrad Student  Grad Student  Intern

Job Title \_\_\_\_\_ Place of Employment \_\_\_\_\_

## Current Areas of Practice (please specify):

1. Clinical Dietetics: \_\_\_\_\_ 4. Education & Research: \_\_\_\_\_

2. Community Dietetics: \_\_\_\_\_ 5. Business & Industry: \_\_\_\_\_

3. Food Service: \_\_\_\_\_ 6. Not working/Working outside the field: \_\_\_\_\_

I am a new RD/new to my area of practice; I would like to be connected with a more-experienced RD in this area

I would like to mentor a younger RD in the following area(s): \_\_\_\_\_

I am willing to serve as an intern preceptor (please be sure to specify area of practice above)

I would like to be included in the SCDA directory (non-public, SCDA member access only)

I would like more information about serving on the board of directors for SCDA in the future

## 2017-2018 Membership Dues Schedule

Regular Annual Membership Fee (postmarked before 9/30) \$ 40.00

Student / Intern / Retired Membership Fee (postmarked before 9/30) \$ 10.00

Late Fee (postmarked between 10/1 - 11/30) + \$ 10.00

**TOTAL CHECK AMOUNT** Check # \_\_\_\_\_ \$ \_\_\_\_\_

*Membership will be closed December 1,  
after which \$20 will be required for each meeting attended.*

## SEND CHECK MADE OUT TO SCDA and THIS FORM to:

Sarah Montoya-Ortega  
SCDA Membership Chair  
15191 Ridgefield Drive  
Colorado Springs, CO 80921

Please direct all membership questions to Sarah Montoya-Ortega at 661.505.0745 or [sarahmontoyaortega@iammorrison.com](mailto:sarahmontoyaortega@iammorrison.com)

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Please make a photo copy of this form for your records