



www.eatrightli.org

MEMBERSHIP APPLICATION JUNE 1, 2017 - MAY 31, 2018

Your annual AND dues payment automatically enrolls you as a member of the New York State Academy of Nutrition and Dietetics (NYSAND) BUT NOT the Long Island Dietetic Association. To become or remain a member of LIDA, you must be a current member of AND, complete this form and submit your dues payment with copy of AND card or receipt of payment. To find out about AND membership, call 1-800-877-7600, or [visit www.eatrightli.org](http://www.eatrightli.org).

AND # _____ Credential: RD/RDN or DTR (please specify)

Name: _____

Address*: _____

City: _____ State _____ Zip _____ County: _____

Phone: (____) _____ **Print E-Mail Address Clearly** _____

Employer Name: _____ Work Phone: (____) _____

All future mailings and meeting notices will be sent via E-MAIL. If you prefer US Mail check here. (____)

**If you do not want to receive any mailings, except from LIDA, Opt Out by checking here (____).*

Practice Area (Check your primary area of expertise):

- Food Service Management Community Nutrition Business and Consultation
- Clinical Nutrition Education and Research Student/intern
- Private Practice: _____ Other: _____

LIDA Dues: payable to Long Island Dietetic Association

<u>Check current AND Status</u>	<u>DUES</u>
<input type="checkbox"/> Active	\$35 – Sign-up by 5/31 and receive a \$5 discount (\$30)
<input type="checkbox"/> Associate	\$35 – Sign-up by 5/31 and receive a \$5 discount (\$30)
<input type="checkbox"/> Retired	\$30
<input type="checkbox"/> Student/Affiliate	\$20 (Please include a copy of student ID card)

Please consider including a donation to:

Stacy Surkis Memorial LIDA Scholarship	\$ _____
NYSDA PAC (supports licensure)	\$ _____
Food Fund Donation for LI Charities	\$ _____
 PAYMENT TOTAL	 \$ _____

Dues are payable for the LIDA calendar year, regardless of when you join.

*****RETURNED CHECKS ARE SUBJECT TO A \$20 SERVICE CHARGE*****

To mail in your application, please contact the Membership chairperson @ LIDAmembership@gmail.com
**Applications must include a copy of your current AND membership card (2016-2017 acceptable) or receipt of payment, and a check made payable to Long Island Dietetic Association (LIDA). To pay online via PayPal, please visit eatrightli.org

LIDA membership cards available upon request. To have your card emailed to you, circle: YES / NO

LIDA is proud to announce that the organization and all LIDA members are automatically members of the Melville Chamber of Commerce. For more information, contact your President Chair.

The mission of LIDA is to serve as a resource to the community members of Long Island. We often get inquires from community members seeking a dietitian.

Do you have a private practice/business that you would like LIDA to promote on your behalf?

By filling out the details below, you authorize LIDA to share the following information on our website:

Your Name and Credentials: _____

Name of Business: _____ Business Phone: (_____) _____

Business E-mail: _____ Website: _____

Address of Business: _____

Business hours of operation: _____

Your specialty/specialties (i.e. weight management, diabetes, eating disorders, functional medicine, etc.):

Other pertinent information: _____

The Long Island Dietetic Association welcomes your input and strongly encourages you to participate in the Association's committees.

Please check any committee(s) in which you would like to participate and the chair of the committee will contact you.

___ Legislation/ Public Policy

___ Annual Food and Nutrition Expo

___ Sponsorship/ Fundraising

___ Student

___ Public Relations

___ Nominating

(health fairs, screenings, career fairs)

___ Check here if you would like to be considered as one of our speakers for a seminar this year

There is a growing interest in our profession and prospective students and interns need our guidance and support.

If you would like to be listed as a potential preceptor and/or mentor for students and interns, please provide your details below (information will be listed on our website):

Name: _____ Area of Practice: _____

Phone number: _____ Email Address: _____

___ Preceptor

___ Mentor

___ Both