

MEMBERSHIP APPLICATION

DIETETICS IN HEALTH CARE COMMUNITIES OF NEW JERSEY (DHCC NJ)



1. SELECT MEMBERSHIP STATUS (*Membership year runs from June 1st – May 31st*)

_____ **Regular Membership \$30.00...** (*Add \$10.00 Late Fee after May 31st*)
(Must Be a Current AND (ADA) Member). “Academy of Nutrition & Dietetics”

_____ **Allied Membership \$50.00** (*Add \$10.00 Late Fee after May 31st*)
(Non-AND (ADA) Member)

2. PERSONAL INFORMATION (Please PRINT neatly)

NAME _____ CREDENTIALS _____

ADDRESS _____

Home Phone _____ Cell Phone _____ TEXT? Y / N

Work Phone _____ Fax Number _____

Employer _____ E MAIL _____

Are You Currently an AND(ADA) Member? Y / N IF YES, Provide your AND (ADA) # _____

Are You a RD? Y / N

Are you a D.T.R.? Y / N

List Practice Specialties _____

(i.e., Geriatrics, Pediatrics, Assisted Living, Adult Day Care, Food Service, Fitness, Diabetes, Renal ETC)

IS ANY OF THE ABOVE INFO NEW/CHANGED FROM LAST YEAR'S DIRECTORY? Y / N

3. SUBMIT APPLICATION & MEMBERSHIP FEE To:

Linda Courey-Degnan, MS, RD, CSG
Membership Chair
419 Washington Avenue
Spring Lake, NJ 07762

Make Checks Payable to: DHCC NJ

Questions? COUREYL@VERIZON.NET

Visit our website @ www.njnutritionexpert.com and Join us in our support to “GO GREEN”!

THANK YOU!!!