



## Annual Membership Registration Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

Primary Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: Email will be the primary source of communication to let you know about PDA/SCAND happenings.**

Employer: \_\_\_\_\_

Practice/ Specialty area \_\_\_\_\_

What CEU topics would you be interested in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AND Membership #: \_\_\_\_\_

**You must be a member of the Academy of Nutrition and Dietetics (AND) in order to join PDA. Please make sure your state affiliate is the South Carolina Academy of Nutrition and Dietetics (SCAND), to change your affiliate, go to the AND Member Payments tab of the eatright.org webpage.**

Membership type (select one):

\_\_\_\_\_ Professional Membership (\$30)

\_\_\_\_\_ Retired Professional (\$15)

\_\_\_\_\_ Student Membership (\$15)

\*Please make checks payable to: Piedmont Dietetic association

\*Membership forms and payment will be accepted at PDA meetings OR email [PiedmontDieteticAssociation@gmail.com](mailto:PiedmontDieteticAssociation@gmail.com) for an address to submit by mail.

**Questions? Please email: [PiedmontDieteticAssociation@gmail.com](mailto:PiedmontDieteticAssociation@gmail.com)**