Tri-State Renal Dietitians Association

Membership Application and Renewal Form

2019 - 2021

Please print.

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

Please provide your preferred email address for receiving TSRDA updates, meeting notices, etc.

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

Preferred telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give TSRDA permission to include the information above (your name, email and phone number) in a digital Membership Directory which will be distributed via email to our members? \_\_\_\_\_Yes \_\_\_\_\_No

Annual dues are $25.

Method of payment (please check one): \_\_\_\_\_ Check to be sent (make out to TSRDA) \_\_\_\_\_ Paypal (via website [www.TSRDA.org](http://www.TSRDA.org))

Please email (if enclosing a check) to the TSRDA Membership Secretary-elect at jeanstover6@gmail and I will provide my address to which you should send it….