

# Nutrition Student Association, CSUSB

## Membership Application

### Spring, 2008 to 2009

Name:	Email:
Address:	Cell phone:
City and zip code:	Home phone:
Class standing:	Major:
Anticipated graduation date:	ADA member? <input type="checkbox"/> Yes ADA number: <input type="checkbox"/> No: see Dr. Chen about joining ADA

*This is your organization, so get involved!!!!*

I am interested in helping with (Pls. Check):

speakers     publicity     fund raising     legislative contact     field trips     newsletter

hospitality     fund raising     IDDA rep.     banquet     Nat. Nutr. Month lib. display   

Community activities     others: please specify \_\_\_\_\_

I would like to chair a committee \_\_\_\_\_

I am interested in being a mentee.



**Benefits:** networking, develop leadership skills, get involve and participate in dietetic related activities

What can you do for the organization? Do you have any special skills (don't be shy or modest) ;-}



What are your expectations of the organization? Please specify



Membership (Spring 08 to Winter, 09): \$10/year,  
**Make check payable to: Dorothy Chen-Maynard,NSA**



Enclosed: \$ \_\_\_\_\_,  cash  ck # \_\_\_\_\_ Date: \_\_\_\_\_