



Membership Application

Registration Application

- To be a member of GSDA, you must be a member of ADA.
- Membership dues are payable by **June 15th**. After this date a \$5.00 late fee will be added.
- To be included in the membership directory, dues must be received by this date.

Membership Dues

Active and associate member.....\$25.00 \$ _____
 Retired (as per ADA classification)..... \$0.00
 Honorary Member..... \$0.00
 Full Time Student (*please enclose verification; ie. school schedule*)\$0.00
 School name _____
 Extra Directory (each)..... \$5.00 \$ _____
 Late Fee if postmarked after June 15th..... \$5.00 \$ _____
Total Payment..... \$ _____

- Make Checks Payable to: GSDA
- Return the registration form with your check to: **Kimber Storrs, GSDA Membership Chair**
14224 73rd Ave NE, #A203
Bothell, WA 98011
- Don't forget to make a copy of the completed form for your records.

Registration on the online Referral list – no additional charge – please circle: **Yes** or **No**
Signing up for the referral list means that your contact information will be listed on the GSDA website for other RD's and the public to view when looking for a local RD. This free advertising is a benefit of your membership.

Directory Information – Consultants, please indicate Private Practice or Health Care Facility

Name Last First _____ ADA Number _____

Home Listing:

Street Address Apt _____ Telephone () _____
 City State Zip Code _____
 Email Address _____

Business Listing #1:

Position Title _____ Telephone and extension () _____
 Place of Employment _____ Pager () _____
 Street Address Suite _____ FAX () _____
 City State Zip Code _____ Email Address _____

Business Listing #2:

Position Title _____ Telephone and extension () _____
 Place of Employment _____ Pager () _____
 Street Address Suite _____ FAX () _____
 City State Zip Code _____ Email Address _____