THE AMERICAN DIETETIC ASSOCIATION/COMMISSION ON DIETETIC REGISTRATION
CHANGE OF NAME AND/OR ADDRESS FORM

Complete this form to notify ADA/CDR of a name and/or address change. **PLEASE PRINT** all the information requested and include your membership/registration ID number. Allow three (3) weeks for processing changes.

IDENTIFICATION NUMBER

FIRST NAME MI LAST NAME

MAIDEN/PREVIOUS NAME (*Circle one*)

NEW ADDRESS (Line 1)

NEW ADDRESS (Line 2)

NEW ADDRESS (Line 3)

CITY STATE ZIP/POSTAL CODE -

COUNTRY

Note: Individuals with non-U.S. or U.S. Territory addresses, please be specific when documenting your address. For example if your "postal code" should be listed in front of your city name then include it appropriately in the city field. If you have questions please feel free to e-mail the Membership Team membrshp@eatright.org.

WORK PHONE HOME PHONE

WORK FAX HOME FAX

WORK E-MAIL ADDRESS

HOME E-MAIL ADDRESS

PREFERRED STATE AFFILIATION (If no selection is made, you will be assigned to the state corresponding to the address of record.)

EFFECTIVE DATE _____

SIGNATURE _____

FORMER NAME/ ADDRESS
(If available affix mailing label from Journal)

_____

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Mail to: The American Dietetic Association
Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2000
Chicago IL 60606-6995

OR **Fax to:** 312/899-4772