**ACADEMY OF NUTRITION AND DIETETICS/COMMISSION ON DIETETIC REGISTRATION**
**CHANGE OF NAME AND/OR ADDRESS FORM**

Complete this form to notify Academy/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**.**
**Please see below for change of name policy.**

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 Member Service Center 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:** Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2000
Chicago IL 60606-6995

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

*Name changes must be made in writing to Academy or CDR. Only original or notarized copies of original documents will be accepted; (such as marriage license/certificates; divorce decree; court order; social security cards; drivers license). Notarized copies must be legible. Original documents will not be returned. Please be sure to place your previous name and identification number on your correspondence and verify how you want your name to be entered into the database. Faxed or scanned copies will not be accepted.