



Maryland Dietetic Association Grassroots Team Liaison Application

Name: _____

ADA #: _____

Credentials (example: MS, RD, LDN): _____

Home/Voting Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Professional Status (check all that apply):

- Dietetic undergraduate student
- Dietetic intern
- Dietetic graduate student
- Practicing in the field
- Retired member
- Other (please specify): _____

What is your level of experience in public policy (check one)?

- Beginner Intermediate Advanced

Please list your areas of public policy interest (ie: state licensure for RD, food safety, child nutrition, health care reform):

Please list your areas of expertise (ie: clinical, food service, teaching, public policy):

Please list your experience with public policy (ie: lobbying, writing letters, ADA Action Alerts):

Please submit your application to Berit Christensen as soon as possible to be considered for the present term.

Mail: 1200 East West Hwy Apt 522, Silver Spring, MD 20910

Email: bmchrist@cord.edu

Thank you!