



**DIETARY**  
support services | usa



**Leadership in Action Mentorship Club**  
**Annual membership \$219 (or \$18.25 per month)**

***SIGN-UP!***

**(I understand that I must have access to a computer and email services to enroll)**

- Yes! I want to stay 'in-the-know', learn how to inspire my team, develop a cohesive food safety culture and establish an outstanding food safety system.
- Yes! I want to take advantage of this incredible opportunity to receive monthly leadership reports and access to expert assistance in food safety issues.
- Yes! I want special discounts/coupons for products and services.
- Yes! Sign me up for the Leadership in Action Mentorship Club for \$219 annual fee.

***PLEASE COMPLETE THE INFORMATION BELOW***

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ / \_\_\_\_\_

***Preferred email address:*** \_\_\_\_\_

Preferred contact phone number: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ / \_\_\_\_\_

Other email address: \_\_\_\_\_

Other phone number: \_\_\_\_\_

***PAYMENT INFORMATION***

Check or money order payable to: Dietary Support Services Inc

Charge the amount of \$219: VISA / MC Card #: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Last 3 or 4 digits on back of card: \_\_\_\_\_ Expiration Date: MM \_\_\_\_\_ / YY \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

Mail form with payment to: Dietary Support Services Inc, PO Box 290256, Tampa, FL 33687-0256. Fax form with credit card information to: 801-846-2191.

*If you haven't seen us lately, take a look at our new website @ <http://www.DietaryServices.us>*