

MEMBERSHIP FORM

Association of Diabetes Educators (ADE)

(For eligibility criteria: Check Website www.diabeteseducatorsindia.com)
(Kindly print, duly fill, scan and upload)



NameAge:.....Gender:.....

Address

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Telephone: Res: Office: Cell:

E-mail id:

Educational Qualifications:.....

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Work Experience:

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Currently employed at:

.....

Certificates attached*:

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How do you wish to participate in the ADE activities?

- ☐ Update my knowledge and skills
- ☐ As a faculty in ADE's Educational Activities
- ☐ Organizational Activities as Office Bearer

Please pay the membership fees through NEFT / RTGS/online to the following bank account. The details are as follows:

Account name: Association of Diabetes Educators

Account type: Savings Account

Name of the bank: Bank of India

Account number: 006610110001734

IFSC Code: BKID0000066

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Signature