

MEMBERSHIP FORM
Association of Diabetes Educators (ADE)

(For eligibility criteria: Check Website www.diabeteseducatorsindia.com)



Name

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:

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Certificates attached*:

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The money is payable in cash / cheque / draft.

Payment Details: Cheque No./Draft No. _____ Dated _____

Bank _____ Branch _____

Drawn in favour of: Association of Diabetes Educators

Add ₹ 100/- for outstation cheques

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Signature