

**MEMBERSHIP FORM**  
**Association of Diabetes Educators (ADE)**

(For eligibility criteria: Check Website [www.diabeteseducatorsindia.com](http://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

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Signature