



Section I: (Please print clearly)

Form with fields for PREFIX, FIRST NAME, MI, LAST NAME, CREDENTIALS, EMPLOYER, DEPARTMENT, TITLE, ADDRESS, CITY, STATE, ZIP, COUNTRY, HOME ADDRESS, WORK PHONE, HOME PHONE, FAX.

Section II: (Please check)

- 1) My preferred mailing address is: Home Work
2) AADE offers patients the ability to search for diabetes educators in their area.
3) Have you ever been an member of AADE?
4) AADE communicates regularly with members via mail, email (\*see note above) & fax.
5) Companies not affiliated with AADE like to promote products to diabetes educators through mailed promotions.

Section III: (Please check type of membership)

- Active Membership (\$125/year)
Associate Membership (\$125/year)
Student Membership (\$70/year)
Retired Membership (\$70/year)

AADE membership dues are not tax-deductible as a charitable contribution, but a portion may be deductible as a business expense.

\$27 of annual dues are applied toward subscription to The Diabetes Educator journal.

Contributions made to the AADE Education and Research Foundation may be deductible as a charitable contribution.

Section IV: (Please choose one answer for each question)

- A. Professional Status
B. Practice Setting
C. Position
D. Employment in diabetes education
E. Highest Educational level
Years in diabetes education

Section V: Continuing Education Profile (Please check all that apply and complete the corresponding numbers)

- APRN RN NP License # State
RD Registration # State
LD License # State
RPh License # State
DPM PA MD DO
Other:
Are you a CDE? Yes No
Are you a BC-ADM? Yes No

Section VI: Specialty Practice Groups

Join a Specialty Practice Group (SPG) that relates to your special area of practice or interest to enhance your membership.

Membership dues are \$15 for each Specialty Practice Group. Choose the group(s) below to make your selection.

- Advanced Practice Nursing
African American
Asian and Pacific Islander
Camp Educators
Continuous Glucose Monitoring
Disabilities/Visual Impairment
Foot Care
Hispanic/Latino American
Home Health Care Diabetes Educators
Inpatient Management
Insulin Pump Therapy
Integrative Care
Native American/Indian Health Services
Office and Clinic Based Diabetes Educators
Pediatric Educator
Pharmacy
Pregnancy/Reproductive Health
Physical Activity
Public Health
Veterans Administration and Department of Defense

3 EASY WAYS TO JOIN

Online: www.diabeteseducator.org
Fax: 312/424-2427
Mail: AADE 200 W. Madison Ave. Suite 800 Chicago, IL 60606

The information I provided on this form is accurate to my knowledge. Signature:

Section VII: Payment (U.S. Funds)
Card # Exp.
Name on Card Signature
Total Membership dues = \$
SPGs at \$15 each = \$
\$5 New Member Processing Fee = \$5.00
Yes, I would like to make a donation to the AADE Education and Research Foundation in the amount of \$
Total enclosed = \$