

With more than
12,000 members,

AADE is the only multidisciplinary association devoted exclusively to diabetes self-management education and care.

Join AADE today!

TOP 10 REASONS TO JOIN AADE

- **Educational Offerings** – annual meeting, in-person courses, live webinars and webcasts on-demand, and publications. AADE Members receive substantial discounts.
- **FREE** CE opportunities – **a \$630 value**
- **FREE** subscriptions to *The Diabetes Educator Journal*, *AADE in Practice* newsletter, the electronic newsletter e-FYI, *Diabetic Living Magazine* and *Diabetes Health Monitor* – **a \$220 value**
- **The AADE7 System™** is a robust online software package that allows you to collect and track your patients' behavior change goals, clinical indicators, and medications, administer online patient self-assessments and follow-ups – **a \$49 value**
- **AADE Career Network** employment listings – a comprehensive resource to find jobs in diabetes education
- **Advocacy** for diabetes education and educators
- **FREE** on-line access to all 20 Communities of Interest to network in your practice area through MY AADE NETWORK
- **FREE** access to the on-line tool Ask the Reimbursement Expert and other reimbursement resources
- **FREE** Patient referrals through Find a Diabetes Educator
- **FREE** downloadable patient handouts



Join AADE today!

AADE works as hard for you
as you do for your patients!

MEMBERSHIP APPLICATION

0611

AADE American Association of Diabetes Educators

SECTION 1: MEMBER INFORMATION (PRINT CLEARLY)

PREFIX	FIRST NAME	MI	LAST NAME	CREDENTIAL	SEX	BIRTH YEAR
EMPLOYER				TITLE		
ADDRESS						
CITY		STATE	ZIP	COUNTRY		
HOME ADDRESS						
CITY		STATE	ZIP	COUNTRY		
EMAIL <small>AADE uses email regularly as a timely and affordable way to communicate with members. AADE's policy is to NEVER sell email or allow use by anyone other than AADE.</small>						
WORK PHONE		HOME PHONE		FAX		

3 EASY WAYS TO JOIN:

Online:

www.diabeteseducator.org/join

Fax:

312.977.1347
Attn: Membership

Mail:

AADE
Department 4414
Carol Stream, IL
60122-4414

SECTION 2: MEMBERSHIP (SELECT TYPE OF MEMBERSHIP)

- Active Membership (\$165/year)**
An Active Member shall be a healthcare professional with an interest in the development, delivery or administration of diabetes patient or professional education or in diabetes research. An Active Member shall have the right to vote, to make nominations, and to chair, serve and vote on committees, and other privileges as determined by the Board of Directors. Active members who are employed by a company that is in the business of sales or marketing of diabetes pharmaceuticals, supplies or equipment shall not be eligible to stand for national elective office or a directorship position.
- Associate Membership (\$165/year)**
An Associate Member shall be a person with an interest or involvement in diabetes education who does not qualify for other member categories. An Associate Member shall not be entitled to stand for a national elective office, or to hold a directorship position.
- International Membership (\$165/year)**
An International Member shall be a healthcare professional with an interest in the development, delivery or administration of diabetes patient or professional education or in diabetes research who is not a USA citizen/resident. An International Member shall have the right to vote, to make nominations, to serve but not chair committees. An International Member shall not be entitled to stand for a national elective office, or to hold a directorship position.

Save with a Multi-Year Extension

- Two-Year Membership (\$250) **SAVE \$80!**
- Three-Year Membership (\$330) **SAVE \$165!**
Reduced rates are available through 12/31/2012

SECTION 3: PROFESSIONAL STATUS (PLEASE CHOOSE ONE ANSWER FOR EACH QUESTION)

- | | | | |
|---|---|--|--|
| <p>Nursing</p> <input type="checkbox"/> Registered Nurse (RN)
<input type="checkbox"/> Advance Practice Nurse (NP, APRN, CNS)
<input type="checkbox"/> Licensed Nurse (LPN, LVN)
<input type="checkbox"/> Other <i>please specify</i> <p>Dietetics</p> <input type="checkbox"/> Registered Dietitian (RD)
<input type="checkbox"/> Licensed Dietitian (LD)
<input type="checkbox"/> Other <i>please specify</i> <p>Pharmacy</p> <input type="checkbox"/> Pharmacist (PharmD)
<input type="checkbox"/> Registered Pharmacist (RPh)
<input type="checkbox"/> Other <i>please specify</i> <p>Doctor</p> <input type="checkbox"/> Medical Doctor (MD)
<input type="checkbox"/> Doctor of Osteopathic Medicine (DO)
<input type="checkbox"/> Doctor of Podiatric Medicine (DPM)
<input type="checkbox"/> Optometrist (OD, LDO)
<input type="checkbox"/> Other <i>please specify</i> | <p>Other Credentials</p> <input type="checkbox"/> Certified Diabetes Educator (CDE)
<input type="checkbox"/> Board Certification- Advanced Diabetes Manager (BC-ADM)
<input type="checkbox"/> AADE Fellow (FAADE)
<input type="checkbox"/> Masters in Social Work (MSW)
<input type="checkbox"/> Physical Therapist (PT)
<input type="checkbox"/> Occupational Therapist (OT)
<input type="checkbox"/> Licensed Clinical Professional Counselor (LCPC)
<input type="checkbox"/> Physician's Assistant (PA)
<input type="checkbox"/> Other <i>please specify</i> <p>Practice Setting</p> <input type="checkbox"/> Physician, Primary Care, Endocrinologist Office
<input type="checkbox"/> University
<input type="checkbox"/> Public Health/Community Center
<input type="checkbox"/> Outpatient Diabetes Center
<input type="checkbox"/> Hospital Inpatient
<input type="checkbox"/> Hospital Outpatient Program/Services
<input type="checkbox"/> Hospital Based Clinic | <p><input type="checkbox"/> Hospital Pharmacy
 <input type="checkbox"/> Retail Pharmacy
 <input type="checkbox"/> Long Term Care Facility/Skilled Nursing Facility
 <input type="checkbox"/> Military Base/Government Facility/VA Hospital
 <input type="checkbox"/> Home Care Services/Organization
 <input type="checkbox"/> Indian Health Services
 <input type="checkbox"/> Industry (<i>Pharmaceutical, Medical Equipment, etc.</i>)
 <input type="checkbox"/> Other <i>please specify</i></p> <p>Position</p> <input type="checkbox"/> Staff/Clinical Care
<input type="checkbox"/> Patient Educator/Diabetes Educator
<input type="checkbox"/> Student Educator
<input type="checkbox"/> Administrator
<input type="checkbox"/> Program Manager
<input type="checkbox"/> Clinical Specialist
<input type="checkbox"/> Coordinator
<input type="checkbox"/> Supervisor
<input type="checkbox"/> Consultant
<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Pharmacist | <p><input type="checkbox"/> Researcher
 <input type="checkbox"/> Other <i>please specify</i></p> <p>Years in Diabetes Education</p> <input type="checkbox"/> 1-3
<input type="checkbox"/> 4-9
<input type="checkbox"/> 10-15
<input type="checkbox"/> More than 15 <p>Ethnicity - Optional</p> <input type="checkbox"/> African American/Black
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Chinese/Filipino/Japanese/Korean/Vietnamese
<input type="checkbox"/> Guamanian/Chamorro
<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Other
<input type="checkbox"/> Other Asian
<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Samoan
<input type="checkbox"/> Spanish/Hispanic/Latino |
|---|---|--|--|

SECTION 4: PAYMENT

Check enclosed payable to AADE MasterCard Visa AMEX Discover

CARD # _____ EXP. DATE _____

NAME ON CARD _____ SIGNATURE _____

Total Membership dues = \$ _____

Yes, I would like to make a donation to the AADE Education and Research Foundation in the amount of \$ _____

TOTAL ENCLOSED \$ _____

SECTION 5: (PLEASE CHECK)

- My preferred mailing address is: Home Work
 - AADE offers patients the ability to search for diabetes educators by locality. If you do not consent to have your name/employer information listed in the "Find an Educator" database, **please check here.**
 - Have you ever been a member of AADE? Yes No
If you were a member, was your name different than above? Yes No
If yes, please list name:
 - AADE communicates regularly with members via mail, email (*see note above) and fax. If you do not consent to receive AADE communications, **please check here.**
 - Companies not affiliated with AADE like to promote products to diabetes educators through mailed promotions. If you do not consent to receive these non-AADE mailings, **please check here.**
- AADE membership dues are not tax-deductible as a charitable contribution, but a portion may be deductible as a business expense. The portion of your dues that is not tax-deductible because of AADE's lobbying activities is 25%. \$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. Please note that AADE membership dues are non-refundable and non-transferable.