

# MEMBERSHIP APPLICATION



3 EASY WAYS TO JOIN:

**Online**  
diabeteseducator.org/join

**Fax**  
312.202.0263  
Attn: Membership

**Mail**  
AADE  
Department 4445  
Carol Stream, IL  
60122-4445

**Save with an Active and Associate Multi-Year Extension**

- Two-Year Membership (\$300) **SAVE \$30!**
- Three-Year Membership (\$400) **SAVE \$95!**

## 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		
WORK EMAIL			PERSONAL EMAIL			
WORK PHONE	HOME PHONE	MOBILE PHONE	FAX			

## SECTION 2 MEMBERSHIP (SELECT TYPE OF MEMBERSHIP)

- Active Membership (\$165/year)**  
An Active Member is a healthcare professional with an interest in the development, delivery or administration of diabetes patients or professional education or in diabetes research.
- Associate Membership (\$165/year)**  
An Associate Member is a person with an interest or involvement in diabetes education who does not qualify for other member categories.
- Industry Member (\$200/year)**  
An Industry Member is a non-healthcare professional who is employed by a company that is in the business of the sales or marketing of pharmaceuticals, supplies, equipment, or services to the diabetes market.
- International Member (\$165/year)**  
An International Member is a healthcare professional with an interest in the development, delivery or administration of diabetes patients or professional education or in diabetes research who is not a USA citizen/resident.

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

Are you a Healthcare Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed by a company that is in the business of sales or marketing of diabetes pharmaceuticals, supplies, or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a US Citizen or Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Nursing</b> <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 please specify .....	<b>Other Credentials</b> <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 Assistant (PA) <input type="checkbox"/> Other please specify .....	<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 (Pharmaceutical, Medical Equipment, etc.) <input type="checkbox"/> Other please specify .....	<b>Employment Type</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>Dietetics</b> <input type="checkbox"/> Registered Dietitian (RD) <input type="checkbox"/> Licensed Dietitian (LD) <input type="checkbox"/> Other please specify .....	<b>Practice Setting</b> <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 <input type="checkbox"/> Hospital Pharmacy <input type="checkbox"/> Retail Pharmacy	<b>Position</b> <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 <input type="checkbox"/> Researcher <input type="checkbox"/> Other please specify .....	<b>Year Entered Practice</b> .....
<b>Pharmacy</b> <input type="checkbox"/> Pharmacist (PharmD) <input type="checkbox"/> Registered Pharmacist (RPH) <input type="checkbox"/> Other please specify .....			<b>Ethnicity - Optional</b> <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
<b>Doctor</b> <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 please specify .....			

## SECTION 4 PAYMENT

<input type="checkbox"/> Check enclosed payable to AADE	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	Total Membership dues = \$ .....
CARD # .....	EXP. DATE .....	<input type="checkbox"/> Yes, I would like to make a donation to the AADE Education and Research Foundation in the amount of \$ .....			
NAME ON CARD .....	SIGNATURE .....	<b>TOTAL ENCLOSED</b> \$ .....			

## 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 a Diabetes 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. If you choose not to consent to receive AADE communications, please indicate here:  Do not mail  Do not email
  - Companies not affiliated with AADE like to promote products to diabetes educators through mailed and e-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 15%. \$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.