

# MEMBERSHIP APPLICATION

## 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			



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 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? Yes No  
Are you a US Citizen or Resident? Yes No  
Are you employed by a company that is in the business of sales or marketing of diabetes pharmaceuticals, supplies, or equipment? Yes No

### Nursing

Registered Nurse (RN)  
Advance Practice Nurse (NP, APRN, CNS)  
Licensed Nurse (LPN, LVN)  
Other *please specify* .....

### Other Credentials

Certified Diabetes Educator (CDE)  
Board Certification- Advanced Diabetes Manager (BC-ADM)  
AADE Fellow (FAADE)  
Masters in Social Work (MSW)  
Physical Therapist (PT)  
Occupational Therapist (OT)  
Licensed Clinical Professional Counselor (LCPC)  
Physician Assistant (PA)  
Other *please specify* .....

Long Term Care Facility/Skilled Nursing Facility  
Military Base/Government Facility/VA Hospital  
Home Care Services/Organization  
Indian Health Services  
Industry (Pharmaceutical, Medical Equipment, etc.)  
Other *please specify* .....

### Employment Type

Full-time  
Part-time

### Dietetics

Registered Dietitian (RD)  
Licensed Dietitian (LD)  
Other *please specify* .....

### Practice Setting

Physician, Primary Care, Endocrinologist Office  
University  
Public Health/Community Center  
Outpatient Diabetes Center  
Hospital Inpatient  
Hospital Outpatient Program/Services  
Hospital Based Clinic  
Hospital Pharmacy  
Retail Pharmacy

### Position

Staff/Clinical Care  
Patient Educator/Diabetes Educator  
Student Educator  
Administrator  
Program Manager  
Clinical Specialist  
Coordinator  
Supervisor  
Consultant  
Sales/Marketing  
Pharmacist  
Researcher  
Other *please specify* .....

### Year Entered Practice

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### Pharmacy

Pharmacist (PharmD)  
Registered Pharmacist (RPH)  
Other *please specify* .....

### Ethnicity - Optional

African American/Black  
American Indian/Alaskan Native  
Asian Indian  
Caucasian/White  
Chinese/Filipino/Japanese/  
Korean/Vietnamese  
Guamanian/Chamorro  
Native Hawaiian  
Other  
Other Asian  
Other Pacific Islander  
Samoan  
Spanish/Hispanic/Latino

### Doctor

Medical Doctor (MD)  
Doctor of Osteopathic Medicine (DO)  
Doctor of Podiatric Medicine (DPM)  
Optometrist (OD, LDO)  
Other *please specify* .....

## SECTION 4 PAYMENT

Check enclosed payable to AADE MasterCard Visa AMEX Discover Total Membership dues = \$ .....

CARD # ..... EXP. DATE ..... Yes, I would like to make a donation to the AADE Education and Research Foundation in the amount of \$ .....

NAME ON CARD ..... SIGNATURE ..... **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 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.