

# 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

312.977.1347

Attn: Membership

### Mail

ADCES

Department 4445

Carol Stream, IL

60122-4445

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

- Two-Year Membership (\$330) SAVE \$30!
- Three-Year Membership (\$495) SAVE \$45!

## SECTION 2 MEMBERSHIP (SELECT TYPE OF MEMBERSHIP)

### Active Membership (\$180/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 (\$180/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 (\$180/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?  
Are you a US Citizen or Resident?

Yes  No  
 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 \_\_\_\_\_

### Dietetics

- Registered Dietitian (RD)
- Licensed Dietitian (LD)
- Other please specify \_\_\_\_\_

### Pharmacy

- Pharmacist (PharmD)
- Registered Pharmacist (RPh)
- Other please specify \_\_\_\_\_

### Doctor

- Medical Doctor (MD)
- Doctor of Osteopathic Medicine (DO)
- Doctor of Podiatric Medicine (DPM)
- Optometrist (OD, LDO)
- Other please specify \_\_\_\_\_

### Other Credentials

- Certified Diabetes Care and Education Specialist (CDCES)
- Board Certification- Advanced Diabetes Manager (BC-ADM)
- ADCES Fellow (FADCES)
- Masters in Social Work (MSW)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Licensed Clinical Professional Counselor (LCPC)
- Physician Assistant (PA)
- 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

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### Employment Type

- Full-time
- Part-time

### Year Entered Practice

\_\_\_\_\_

### 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

## SECTION 4 PAYMENT

- Check enclosed payable to ADCES  MasterCard  Visa  AMEX  Discover

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Total Membership dues = \$ \_\_\_\_\_

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

TOTAL ENCLOSED \$ \_\_\_\_\_

## SECTION 5 (PLEASE CHECK)

- My preferred mailing address is:  Home  Work
- ADCES 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 ADCES?  Yes  No  
If you were a member, was your name different than above?  Yes  No  
If yes, please list name: \_\_\_\_\_

- ADCES communicates regularly with members. If you choose not to consent to receive ADCES communications, please indicate here:  Do not mail  Do not email
- Companies not affiliated with ADCES like to promote products to diabetes educators through mailed and e-mailed promotions. If you do not consent to receive these non-ADCES mailings, [please check here.](#)

ADCES 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 ADCES's lobbying activities is 15%. \$27 of annual dues are applied toward subscription to The Diabetes Educator journal. Contributions made to the ADCES Education and Research Foundation may be deductible as a charitable contribution. Please note that ADCES membership dues are non-refundable and non-transferable.