American Association of Diabetes Educators
Santa Clara County Chapter (SCCCAADE)
2010 Membership Information

The benefits of membership include:

- ✓ Networking with other diabetes educators and health care providers of diabetes related services.
- ✓ Meetings that keep you up-to-date on local and national diabetes issues. Non-members will pay a $10.00 fee to attend any meeting or function.
- ✓ SCCCAADE Electronic Membership Directory
- ✓ SCCCAADE Electronic Newsletter: Diabetes Insight.

Membership Fee: $30.00
(Students pay 50% of the Membership Fee with proof of enrollment.)

MEMBERSHIP FEE IS EFFECTIVE FROM JANUARY 1, 2010 THROUGH DECEMBER 31,2010.
Make check payable to SCCCAADE. **Mail to: Geraldine Conlon**
12386 Sheridan Circle
Saratoga, CA 95070

Membership form must be received by February 15, 2010 to be included in the March directory.

PLEASE PRINT

Name: _____

Phone: Home (____)_____ Work (____)_____ Cell (____)_____

AADE Member**: Yes, Membership #: _____ No ____
** We hope that SCCCAADE members are active members of AADE. If you are not, we hope you will join within one year. If you do not remember your membership number, call AADE or visit their web site. **

Employer: _____ Job Title: _____

Discipline: _____ License#: _____

Work
Address: _____ City: _____ Zip: _____
Home
Address: _____ City: _____ Zip: _____

Preferred Mailing Address for SCCCAADE Information: Home ____ Work ____

Would you prefer to receive invitations to general meetings by: Mail ____ Email ____

E-Mail Address: _____

SCCCAADE periodically receives requests for our membership list (mailing labels) from AADE, and drug or industry reps. Check below if you do not want your mailing label information shared with these groups:
_____ I do not want this information to be shared with drug or industry reps
_____ I do not want this information to be shared with AADE

Your active involvement is important to the success of our chapter. If you are interested in helping in any way please contact a SCCCAADE officer or board member. As always, thank you for your support.

For Office Use Only:
Paid by: _____ Date: _____ Entered Membership DB by: _____ Date: _____