

YES! I Would like to be a member
and know more about diabetes!

Application for Membership



Name:

I/C No: Date of Birth :

Occupation : Position Held :

Home Address :

.....

Postal Code : Tel: Hp:

Office Address :

.....

Tel : Correspondence Address: (please circle) : **Home / Office**

Email :

Qualification

Academic :

Professional :

Involvement in Diabetes Education :

Employment in Diabetes Education : Full time Part time

Please specify main area of employment : Hospital Polyclinic Private Clinic

Area of Practice : Doctor R/N Dietitian Podiatrist Psychologist

Others (please specify) :

Type of Membership

Full Member (\$30.00) Associate Member (\$20.00) Entrance Fee (\$10.00)

Payment to ADES may be forwarded to :
Association of Diabetic Educators (Singapore)
Tampines Central Post Office, P.O. Box 082, Singapore 915203

Accreditation of Diabetes Educators

With the collaboration and support of the Diabetic Society of Singapore (DSS), the Endocrine & Metabolic Society of Singapore (EMSS) and Association of Diabetes Educators Singapore (ADES) accredit all successful members who has completed the required clinical hours of practice to be Certified Diabetes Educators.

I, the undersigned, do hereby that, in the event of admission to membership of the association, I shall be governed by the rules and By-Laws of the Association.

Signature : Date :

Amount Paid Cash : Cheque : By :