

2017 Diabetes Philippines Lay Application Form



*Please fill up form and submit together with your payment.

New Member Mr. Mrs. Ms.
 Renewal DO YOU HAVE DIABETES? YES NO

PLEASE PRINT CLEARLY:

NAME:

(Surname)

(Name)

(M. I.)

MAILING ADDRESS: _____

TEL. NO.: _____ FAX NO.: _____

CELLPHONE NO.: _____ E-MAIL: _____

MEMBERSHIP FEE: Php 200.00/year

NOTE: *FREE REGISTRATION ON LAY ANNUAL CONVENTION IF YOU BECOME A MEMBER BEFORE NOVEMBER 30, 2017

***MEMBERS RECEIVE 3 ISSUES OF DIABETESWATCH MAGAZINE**

MODE OF PAYMENT

Option 1: CASH

Option 2: Bank Transfer

You may pay your membership fees at the branches of the following banks:

Authorized Banks:

Metrobank : S/A No. 254-3-25402919-0

Allied Bank : S/A No. 3240020875

Check No.: _____ Issuing Bank: _____

Note:

1. Please returned accomplished form and payment to:
Diabetes Philippines Secretariat, Unit 25, Facilities Centre
548 Shaw Blvd., Mandaluyong City
Tel. Nos.: 531-1278/534-9559
Fax No.: 531-12-78
E-mail: diabetesphilippines@pltdtstl.net
Website: www.diabetesphil.org
2. If payment was made thru bank please attach duplicate copy of your deposit slip with your application form.
3. Only application form accompanied by payment will be processed.