



OR # : _____ DATE: _____

Membership Form

PROFILE (PRINT LEGIBLY)

_____ Lastname *	_____ Firstname *	_____ Middlename *	_____ Suffix
_____ Gender *	_____ Birthdate*	_____ Marital Stauts	
_____ PRC Number *	_____ PRC EXPIRATION DATE*	_____ AFFILIATED ORGANIZATION*	

Category *			Preferred Mailing Address
<input type="checkbox"/> MD Specialization _____ Sub Specialization _____	<input type="checkbox"/> ALLIED <input type="checkbox"/> Professional <input type="checkbox"/> PRC Registered _____ <input type="checkbox"/> Non-Professional (LAY) <input type="checkbox"/> Student	<input type="checkbox"/> DIABETES EDUCATOR (DE) <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Residence <input type="checkbox"/> Hospital/Clinic

Select Any TWO Council Membership that you want to get actively involved with *

<input type="checkbox"/> Diabetes in Pregnancy	<input type="checkbox"/> Childhood Diabetes	<input type="checkbox"/> Foot Care	<input type="checkbox"/> Complications
<input type="checkbox"/> Education	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Research	

Address

_____ Chapter *	_____ E-Mail Address*
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Residential Address	_____ Street *	_____ Brgy/District *	_____ Town/City *
_____ Province	_____ Contact Number		

Hospital Name	_____ Hospital Name *
Hospital/Clinic Address	_____ Brgy/District *
_____ Street *	_____ Town/City *

_____ Province	_____ Area Code	_____ Contact Number
Mobile Number (s) *	_____ SMART	_____ GLOBE
		_____ SUN

Signature _____

Benefits of Diabetes Philippine (DP) Members:

- >Registration fee discount in DP scientific programs.
- >Free three (3) Diabetes Watch Magazines per year.

NOTE: * MUST BE FILLED UP

Membership renewal should be done on or before November 30 of the current year.

MEMBERSHIP FEE: Php 500.00/year

- 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
- BDO: S/A No. 004-590297194

Check No.: _____ Issuing Bank _____

Account Name: **Diabetes Philippines, Inc.**

Note:

- Please return accomplished form and payment to:
Diabetes Philippines Secretariat, 661 Boni Avenue cor. Ligaya Street Mandaluyong City
Tel. Nos. 531-1278/534-9559
Fax No. 531-1278
Email: diabetesphilippines@pltdsl.net
Website: www.diabetesphilippines.org
- If payment was made thru bank please attach copy of your deposit slip together with your membership form.
- Only membership form accompanied by payments/deposit slip will be processed.