

**Diabetes Educators Education MA DEEM
2011 Corporate Partner Application
(Fiscal Year January 1 –December 31, 2011)**



Corporation:		
Member Name & Credentials:		
Preferred Address:		
City:	State:	Zip:
Position/Title:		
Email Address*:		
Preferred Telephone:		
Fax:		
AADE member: Yes__ No__		
AADE Membership No #		
<input type="checkbox"/> Corporate Partner \$500 Support Fee Includes:	NOTE:	
<ul style="list-style-type: none">• Displays at:<ul style="list-style-type: none">September MeetingJune Meeting• One (1yr.) Membership to DEEM	<ul style="list-style-type: none">*All communications will be done through email.<input type="checkbox"/> I do not have an email address; please send my information by US Postal Service.	

Please mail with a check for \$500.00 made out to DEEM to:
Amanda Kirpitch
128 Chestnut St Unit 1
Brookline, MA 02445

American Association of Diabetes Educators
Tax ID# 51-0161670