

**Diabetes Educators Educating MA (DEEM)
Application
Calendar Year Jan 1st-Dec 31st, 2011**



Name:		DATE:	
Credentials:			
Preferred Address: home ___ work ___			
City:	State:	Zip:	
Preferred telephone:			
Fax number:			
Preferred e-mail address*:			
Employer:			
Position/Title:			
Area of expertise: Adults ___ Pediatric ___ Obesity ___ Inpt ___ Research ___			
I would be interested in volunteering for the group. Please have someone contact me! Yes ___ No ___			
AADE Member: Yes ___ No ___			
If yes, AADE membership number:			
Membership Category:		*NOTE:	
<input type="checkbox"/> Active (both AADE/DEEM) \$25.00		All communications for the year will be done through email.	
<input type="checkbox"/> Guest (DEEM only) \$35.00		<input type="checkbox"/> I do not have an email address; please send my information by US Postal Service.	
<input type="checkbox"/> Honorary Member			

Please mail application with check made out to DEEM to:

**Amanda Kirpitch
128 Chestnut St Unit 1
Brookline, MA 02445**

Qualification and Privileges – The qualifications and privileges for the various categories of membership shall be as follows.

A. Active Member: An active member maintains membership in both AADE National and DEEM. It may be a health care professional member or a student who is someone providing patient education; or education for health care providers on diabetes and its related disorders. They shall have all privileges of membership including the right to vote and make nominations. Student and corporate employees are not able to hold elected office for the Board of Directors or chair the Program and Bylaws committee.

If chairing a committee a corporate member must sign a conflict of interest statement.

B. Guest: is a Non AADE Member, with an interest or involvement in DEEM (healthcare professional, Corporate, student)