



HEARTLAND ASSOCIATION OF DIABETES EDUCATORS

2010-2011 Membership

Dear Prospective Member:

Please complete this membership request form if you are interested in joining the **Heartland Association of Diabetes Educators**.

Mail the completed the request form, along with along with your check payable to **HADE** to:

Michelle Zwiener APRN

809 1/2 So 13th Street

Norfolk, NE 68701-5420

Membership Dues for 2008-2009:

Membership runs from January 1, 2010 through January 1, 2011

___ NATIONAL member: Health care professionals involved in diabetes education and is a current member of AADE (National organization) \$15.00

___ LOCAL: Health care professionals involved in diabetes education but NOT a member of AADE. \$20.00

___ BUSINESS: Diabetes industry representative. A non-voting member.
\$25.00

PLEASE PRINT CLEARLY

Fill out the form below, as it will appear in the directory.

Name _____

Credentials: circle all that apply

RD, RN, RP, PT, CDE, LMNT other _____

Position/Title: _____

Employer: _____

Preferred mailing address: _____

Day phone: _____

Eve phone: _____

Fax: _____

E-mail address: _____

Health care professionals dedicated to quality care and education to people with diabetes.