



Bermuda Diabetes Association
P.O. BOX DV 506,
Devonshire DV BX,
Bermuda
TEL: (441) 297-8427
FAX: (441) 292-6960
Email: accounts@diabetes.bm

Yes, Please - sign me up!

I want to be part of the team that makes a difference.

Application for Membership
1st February, 2019 – 31st January, 2020

Please enroll me as a member of the Bermuda Diabetes Association
I enclose \$20.00 for my annual membership fee.

Name: _____

Address: _____

Email: _____

Telephone: (Work) _____

(Home) _____

(Cell) _____

I would like to make a donation of \$_____ in addition to my membership application.

Please call me, I am interested in becoming a volunteer. My area of interest is:

- Education
- Fitness (fun walks etc)
- Fundraising (Diabetes Month activities)
- Administration (Mailings etc)
- Information technology

I have diabetes: yes type 1
 no type 2