



The Club that Fights Diabetes

7 cga cdc`jHb`bHYfbUhc bU`

A Ya VYfg\ jd`5 dd`jWUhc b`

AUj`cf`ZU`h`jg`Zfa`'rc`
7 cga cdc`jHb`bHYfbUhc bU`
D`C`*6 cl`+'`)%
@bVUghfZD5`%*\$(`

Club Name _____

Name _____ Date of Birth _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Home Phone _____ Business Phone _____

Fax _____ E-mail _____

Occupation _____ Company Name _____

Spouse _____

Recommended for membership by _____

Name as shown on badge _____

Do not remit a check to Headquarters with this application. Membership fees, postage, and name badge (optional) will be billed to club treasurers.

For Headquarters use only

Date Rec'd _____

Member ID _____ Fed/Club _____

New Re-instated Transfer Badge

Sponsor Pin Ship Date _____ Postage _____