



# Diabetes Association of Barbados

"Jessamine Cot", Cnr. Jessamine Avenue, Beckles Road, St. Michael BB14025  
Tel No: 427-9338 (42-SWEET) Tel/Fax No: 437-2285  
Website: www.diabetes.bb Email: dab40a@gmail.com

## APPLICATION FOR MEMBERSHIP

**Subscriptions:** One (1) Year- \$25.00  Five (5) Years- \$100.00   
Persons 0-25 years old with diabetes Complimentary Membership

<b>Name</b>	<b>Surname</b>	<b>First Name</b>	<b>Middle</b>
<b>Address</b>			
<b>Tel #</b>	<b>Home</b>	<b>Work</b>	<b>Mobile</b>
	<b>Email address</b>		

<b>Date of Birth</b>	<b>Year</b>	<b>Month</b>	<b>Date</b>	<b>National Identification Number</b>
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status</b>	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<b>Profession/Occupation</b>				
<b>Employer (if applicable)</b>				

<b>Do you have Diabetes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, what type of Diabetes?</b> <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Gestational	<b>Are you on Medication</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you take Insulin</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency Contact</b>	<b>Name</b>	<b>Relationship</b>	<b>Telephone Numbers</b>
			<b>Home</b>
			<b>Work</b>
			<b>Mobile</b>

Do you have any skills that you would be willing to place at the disposal of the Association from time to time for fund-raising or outreach activities (e.g typing, counselling, professional, musical, culinary skills, craft, gardening, etc). Please list.

What are your interests (hobbies, pastime activities)

Meetings are held monthly at the following Regions: Southern, Eastern, Western, Northern, Northeastern, Glebe, St. John, Central, West Central. There is also an adult and parent/guardian support group.  
**Region/Support Group:**

**Applicant's Signature:** \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Receipt # \_\_\_\_\_ Membership # \_\_\_\_\_ Date: \_\_\_\_\_ Entered in Database: \_\_\_\_\_

Secretary's Signature: \_\_\_\_\_ Remarks: \_\_\_\_\_