



The Diabetes and Hypertension 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

Name	Surname		First Name		Middle
Address					
Tel #	Home	Work	Mobile	Email address	

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

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

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: _____