



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

Yes, Please - sign me up!
I want to be part of the team that makes a difference

Application for Membership
February 1, 2019 January 31, 2020

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

Name: _____

Address: _____

Email: _____
(Please provide your current email address)

Telephone: (Work) _____
(Home) _____
(Cell) _____

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

Please email 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

Payment Can Be Made Online To:-
Butterfield Bank
Bermuda Diabetes Association
Account #: 20006060842320100
Please put your name as the reference