

National Association of Diabetes Educators of Pakistan

Application Form for New Members

Title $Mr.\square$ $Miss.\square$ $Mrs.\square$ $Ms.\square$ $Dr.\square$ $Prof.\square$ $Cap.\square$ $Others:$															
First Name:		Middle Name:							Last Name:						
Address:		Area:								To	wn:				
City:	Province / State:										Post	al cod	de:		
City.		1 Tovince/ St							ate.				Country:		
Gender: Male□ Female□ C.N.I.C. #															
Occupation:					Pas	spor	t No.								
Email *		Cell No.													
Date of Birth:		Landline Phone:													
Present job &															
Institution with address:															
Payment Mode															
Credit Card															
I hereby authorized to charge my credit card as per the following details (Please fill the details as per shown on your credit card)															
Card Type	Visa					M	laster						Dine	ers	
Name of Card													'		
Card Number															
Expiry Date		Last 3 digits (back side of card													
Billing Address:															
 For professional experience. For applicants at a second secon	[]Pi []A []N []St []C []Pa d/associate bove 18 y mbership to thave an il would be ossible to es could be	ssoc on F cude hild aatron ears his fo emai the get a e sen	ssiona iate I Profes nt Me Mem n fession of age orm n l addi main main t.	al Me Professiona ember nal me e this eeds t ress P official	mber sional al r embers form no be act lease gal model tress of	hip peeds compive en	to be ac panied l nail add ommun contact	r curr r curr r curr tach a compa by Inst lress o ication perso	ent y ent y ent y brief anied itutio f any to by N to plea	ear [ear [ear [ear [on ID content of the conten]b. f]b. f]b. f and evice opy of eard. In who P. I any of	or lif or lif or lif dence f you can f	e of qu r CNIC forward	C. I mess umber	sages to where
Signature:					_						Ι	Date:			

Please e-mail or Fax this form to

Mrs. Rabia Abdul Rehman

Treasurer, National Association of Diabetes Educators of Pakistan Fax: **0092 - 21 36 60 85 68**. Website: www.nadep.org.pk
E-Mail -: nadep.khi@gmail.com

Bank Account's details:

Faysal Bank Limited, Nazimabad Branch, III-A, 1/16, Nazimabad No. 3, Karachi - 74600 Pakistan A/C No.: 01950060003081 * Head of Account: NADEP, * Swift Code: FAYSPKKA

Information about membership

- 1. **Professional Members**: The one who shares the NADEP objectives and has a suitable qualification and/or training in diabetes education (e.g. diploma in diabetes education etc) that enables him / her to provide comprehensive /specific diabetes education. Please **attach a brief CV and evidence of qualification and experience.**
- 2. **Associate professional Members:** Anyone who shares the NADEP objectives and is practicing health care professional providing education in any particular area of diabetes care e.g. diabetes nutrition, diabetic foot care, diabetic nephropathy, diabetic retinopathy etc.
- 3. **Non professional members:** Anyone who shares the NADEP objectives and has interest in diabetes or diabetes education. Family members of people with Diabetes helping them to manage it.
- 4. **Students Membership:** students of any discipline/level interested in diabetes and diabetes education.
- 5. **Child membership:** anyone under the age of 18 interested in diabetes education.
- 6. **Patron Members:** Anyone (individual/corporate) who shares the NADEP objectives and wishes to support the Aim and Objectives of the NADEP

SUBSCRIPTION:

For Pal	kistani National	For Foreigners					
Professional Members	Rs. 500/annum	Professional Members	\$. 20/annum				
Associate Professional	Rs. 500/annum	Associate Professional	\$. 20/annum				
Members		Members					
Non-Professional	Rs. 500/annum	Non- Professional	\$. 20/annum				
Members		Members					
Student Members	Rs. 200/annum	Student Members	\$. 10/annum				
Child Members	Rs. 200/annum	Child Members	\$. 10/annum				
Life membership	Rs.5,000/ (one time payment)	Life membership	\$. 200/ (one time				
			payment)				
*Patron	(one-time payment)	*Patron	(one time payment)				

^{*} The Executive Committee will set the contribution for such membership.

<u>For</u>	Office Use Only
Membership No	Accepted for becomingPM, APM, SM, PM member
Date:	Comments (if any):
Signature in charge/representative Membership committee	e