



Unit 25, Facilities Center, 548 Shaw Boulevard
Mandaluyong City, 1501
Contact #: (+632) 534-9559 / (+63) 917-899-9540
E-Mail: phildiab@gmail.com :: http://www.diabetesphil.org

OR #: _____ DATE: _____

Membership Form

PROFILE (PRINT LEGIBLY)

Lastname *

Firstname *

Middlename *

Suffix

Gender *

Birthdate*

Marital Status

Spouse Name

Chapter *

E-Mail Address

Category

MD

ALLIED

DIABETES EDUCATOR (DE)

Student

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------|
| <input type="checkbox"/> Diab | <input type="checkbox"/> RN | <input type="checkbox"/> MD | <input type="checkbox"/> DMD | Postgraduate _____ |
| <input type="checkbox"/> Endo | <input type="checkbox"/> RND | <input type="checkbox"/> RN | <input type="checkbox"/> RM | Undergraduate _____ |
| <input type="checkbox"/> FM | <input type="checkbox"/> LAY | <input type="checkbox"/> RND | <input type="checkbox"/> RMT | |
| <input type="checkbox"/> GP | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> LAY | <input type="checkbox"/> RRT | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | |

Preferred Mailing Address

- Residence
 Hospital/Clinic

PRC Number *

PRC Date Issued *

PMA Number *

Residential Address

Street *

Brgy/District *

Town/City *

Province

Contact Number

Hospital/Clinic Address

Street *

Brgy/District *

Town/City *

Province

Area Code

Contact Number

Mobile Number(s)*

SMART

GLOBE

SUN

Signature

Benefits of Diabetes Philippines (DP)Members:

- *Registration fee discount on DP scientific and medical program
- *Free 3 (three) DiabetesWatch Magazine per year with latest updates and features on diet, exercise and other lifestyle changes.

MEMBERSHIP FEE: Php 500.00 / year

- Option 1 CASH
Option 2 Bank Transfer

Membership renewal should be on or before

You may pay your membership fees at the branches of the following banks:

Authorized Banks:

- Metrobank : S/A No. 254-3-25402919-0
 Allied Bank: S/A No. 3240020875

Check No.: _____ Issuing Bank _____

Note Account Name: Diabetes Philippines

*Please return accomplished form and payments to:
Diabetes Philippines Secretariat, Unit 25, Facilities Centre
548 Shaw Blvd., Mandaluyong City
Tel. Nos. : 531-1278/534-9559
Fax No. : 531-12-78
E-mail: diabetesphilippines@pltdsl.net
Website: www.diabetesphil.org

*If payment was made thru bank please attach duplicate copy of your deposit slip with your application form.

*Only application form accompanied by payments will be processed

NOTE

Asterisk (*) must filled up