

# Application for Professional Section Membership



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	M.I.	Last Name
<input type="text"/>			
Organization/Institution			
<input type="text"/>			
Address, line 1			
<input type="text"/>			
Address, line 2			
<input type="text"/>			
City		State	ZIP/Postal Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Country (if outside the United States)			

License/Registration  Other degrees/certificates  Primary Area of Focus: ☐ Clinical Practice ☐ Research ☐ Education

Phone  Fax  Is this your ☐ Home or ☐ Office Address

University or College Attended

Education: Degree  Date Earned

Please mark your primary specialty with P and your secondary specialty(s) with S. Mark up to 3 total specialties:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Administration (AD)      | <input type="checkbox"/> Geriatrics (GE)            | <input type="checkbox"/> Orthopedics (OR)             | <input type="checkbox"/> Psychiatry (PS)             |
| <input type="checkbox"/> Biochemistry (BC)        | <input type="checkbox"/> Internal Medicine (IM)     | <input type="checkbox"/> Osteopathy (OS)              | <input type="checkbox"/> Psychology (PC)             |
| <input type="checkbox"/> Cardiology (CA)          | <input type="checkbox"/> Immunology (IU)            | <input type="checkbox"/> Pathology (PT)               | <input type="checkbox"/> Public Health (PH)          |
| <input type="checkbox"/> Dentistry (DO)           | <input type="checkbox"/> Metabolism (ME)            | <input type="checkbox"/> Pediatric Endocrinology (PN) | <input type="checkbox"/> Research (RE)               |
| <input type="checkbox"/> Dermatology (DE)         | <input type="checkbox"/> Nephrology (NE)            | <input type="checkbox"/> Pediatrics (PE)              | <input type="checkbox"/> Social Work (SW)            |
| <input type="checkbox"/> Education (ED)           | <input type="checkbox"/> Neurology (NR)             | <input type="checkbox"/> Podiatric Management (PR)    | <input type="checkbox"/> Surgery (SU)                |
| <input type="checkbox"/> Epidemiology (EP)        | <input type="checkbox"/> Nursing (NS)               | <input type="checkbox"/> Pharmacology (PA)            | <input type="checkbox"/> Urology (UR)                |
| <input type="checkbox"/> Adult Endocrinology (EN) | <input type="checkbox"/> Nutrition (NU)             | <input type="checkbox"/> Pharmacy (PM)                | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Exercise Physiology (EX) | <input type="checkbox"/> Obstetrics/Gynecology (OG) | <input type="checkbox"/> Physical Therapy (PX)        | <input type="text"/>                                 |
| <input type="checkbox"/> Family Practice (FP)     | <input type="checkbox"/> Ophthalmology (OP)         | <input type="checkbox"/> Physiology (PY)              | <input type="text"/>                                 |
| <input type="checkbox"/> General Practice (GP)    | <input type="checkbox"/> Optometry (OT)             | <input type="checkbox"/> Podiatry (PO)                | <input type="text"/>                                 |

Primary Practice Setting (please check one):

- |  |   |                                   |  |  |   |
|--|---|-----------------------------------|--|--|---|
| <input type="checkbox"/> Hospital      | <input type="checkbox"/> Private/group practice       | <input type="checkbox"/> HMO      | <input type="checkbox"/> University/Academic | <input type="checkbox"/> Private Research Center | <input type="checkbox"/> Government                 |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Pharmaceutical/Manufacturing | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Nursing Home        | <input type="checkbox"/> Home Health             | <input type="checkbox"/> Other <input type="text"/> |

## FREE COUNCIL MEMBERSHIP

Please check your selection(s). Professional Section members receive **one** free Council membership. Additional Council Memberships are available for \$25 each.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Council on Complications (TT)                      | <input type="checkbox"/> Council on Education (SS)                                     | <input type="checkbox"/> Council on Exercise (XX)  |
| <input type="checkbox"/> Council on Diabetes in Pregnancy (BB)              | <input type="checkbox"/> Council on Foot Care (RR)                                     | <input type="checkbox"/> Council on Health Care (DD)   |
| <input type="checkbox"/> Council on Diabetes in Youth (EE)                  | <input type="checkbox"/> Council on Epidemiology and Statistics (CC)                   | <input type="checkbox"/> Council on Nutritional Sciences and Metabolism (AA)                   |
| <input type="checkbox"/> Council on Behavioral Medicine and Psychology (PP) | <input type="checkbox"/> Council on Clinical Endocrinology, Diabetes & Metabolism (SS) | <input type="checkbox"/> Council on Molecular, Cellular & Biochemical Aspects of Diabetes (MM) |

## MEMBERSHIP CATEGORY/DUES INFORMATION

Please check appropriate membership category and journal selections. Physicians must select Category I.

- |                                 | Category I                      | Category II                    |
|---------------------------------|---------------------------------|--------------------------------|
| Regular .....                   | <input type="checkbox"/> \$ 100 | <input type="checkbox"/> \$ 50 |
| Regular In-Training .....       | <input type="checkbox"/> \$ 50  | <input type="checkbox"/> \$ 25 |
| International .....             | <input type="checkbox"/> \$ 155 | <input type="checkbox"/> \$ 65 |
| International In-Training ..... | <input type="checkbox"/> \$ 105 | <input type="checkbox"/> \$ 40 |
- If you choose: Category I Please select either ☐ **Diabetes** or, ☐ **Diabetes Care**
- Category II members automatically receive **Diabetes Spectrum**

## ADDITIONAL JOURNAL SUBSCRIPTIONS

- |                                | Regular                       | International**                |
|--------------------------------|-------------------------------|--------------------------------|
| Diabetes (monthly)             | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$105 |
| Diabetes Care (monthly)        | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$105 |
| Diabetes Reviews (quarterly)   | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$65  |
| Diabetes Spectrum (bimonthly)  | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$30  |
| Diabetes Forecast (monthly)    | <input type="checkbox"/> \$12 | <input type="checkbox"/> \$37  |
| Clinical Diabetes (bimonthly)  | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$21  |
| Abstract Book (annual)         | <input type="checkbox"/> \$10 | <input type="checkbox"/> \$18  |
| (for 1994 Scientific Sessions) |                               |                                |

\*\* Includes all members outside the U.S., Canada, and Mexico. Prices reflect a charge for expedited delivery service.

## SEND YOUR APPLICATION TODAY!

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The portion of membership dues set aside for publications is as follows:

Category I: Diabetes or Diabetes Care \$50 Category II: Diabetes Spectrum \$15

Please allow 7-9 weeks for order processing

American Diabetes Association  
Professional Section Membership  
Department 0028  
Washington, DC 20073-0028

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# Diabetologia

Clinical and Experimental Diabetes and Metabolism

Journal of the European Association for the Study of Diabetes (EASD)

Volume 36 Number 9 September 1993

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## Mark your calendar for June 11-14, 1994!

The 54th Annual Scientific Sessions program will feature the latest in basic and clinical research in the field of diabetes. The program will include:

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- The Lilly Lecture
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