



Rotarian Action Group for Diabetes



Please complete and return with your check or money order (in US dollars and payable to "Rotary Action Group for Diabetes"), a tax deductible contribution, to:

Rotarian Action Group For Diabetes
3441 Jonathans' Landing
Tallahassee, FL 32309 USA

ENROLLMENT FORM				
Category: (Please select one)	Charter Member (\$100 US)	<input type="checkbox"/>	Annual Member (\$25 US)	<input type="checkbox"/>
PERSONAL INFORMATION				
Last Name				
First Name				
E-mail Address				
Mailing Address				
ST/Province/Region				
Zip (Postal Code)				
Phone Number		Fax #		Mobile #
Resident Country				
ROTARY INFORMATION				
Club			District	
Rotary Classification				
Rotary Offices held and year				
SPECIAL INTEREST IN RAG DIABETES (please check all that apply)				
<input type="checkbox"/>	Person with diabetes	<input type="checkbox"/>	Medical Administration	
<input type="checkbox"/>	Relative with diabetes	<input type="checkbox"/>	Diabetes Association Member	
<input type="checkbox"/>	Doctor/Nurse			
Additional Comments (Include membership in other diabetes related organizations.)				

Credit Card Payment:
 Type of Card: _____
 Number _____
 Expiry Date Mo/Yr _____
 Security code _____

Please Note: All contributions and/or membership enrollments are completely voluntary. Should you at any time decide to cancel or resign from your membership, we regret we will be unable to give a refund.