

ODE Membership Application / Renewal

Please fill out exactly as you you like to have information appear.

Name (please print): _____

Professional Title (please include all initials): _____

Mailing Address (address will be published in the directory):

City *State* *Zip*

Workplace: _____

Preferred Phone: _____

Preferred Email: _____

Membership Categories:

Active \$35 _____ Associate \$45 _____

AADE Member Number: _____

Active member shall be a healthcare professional with an interest in the development, delivery or administration of diabetes patient or professional education or in diabetes research. An Active Member shall not be one who is employed by a company that is in the business of sales or marketing of diabetes pharmaceuticals, supplies or equipment. An Active member shall have all the privileges of membership, which include the right o vote, to make nominations, to stand for elective office or a directorship position, and to chair, serve and vote on committees.

Associate Member shall be a person with an interest or involvement in diabetes education who does not qualify for Active member status. An Associate Member shall have all the privileges of membership except the right to vote, to make nominations, or to stand for elective office or a directorship position or chair committees. An Associate Member may serve on committees and vote on committees but may not chair committees.

Please mail completed application to:

Cameo Management Solutions, Inc.

Attn: Maggie Vohs

PO Box 410, Otis, OR 97368

For more information please contact:

Cheryl A. Moore, RN, BSN, CDE, CPT

541-228-5540 ♦ cherylmoorecde@yahoo.com