 **American Diabetes Association.**  
**PROFESSIONAL MEMBERSHIP**  
1701 North Beauregard Street  
Alexandria, Virginia 22311

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**IMPORTANT NEWS ABOUT  
YOUR PROFESSIONAL MEMBERSHIP**

**CONFIDENTIAL**

# Professional Membership Renewal Form

**Please renew today.**

**Change of address:**

Please change my address as indicated.

Membership expires: MONTH 0000  
Membership ID: 00000000 0  
Fax:  
Email: 0000000000000@00000000.com  
\*Interest Groups communicate by email:  
Be sure to include your email address above.

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**Fill out and return by: 00/00/00**  
**For faster service pay online at:**  
**[professional.diabetes.org/renew](http://professional.diabetes.org/renew)**

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**Yes! Renew my American Diabetes Association Membership for one year at \$310.**

Confirm your membership journal. Choose one:  Diabetes (monthly)  Diabetes Care (monthly)

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## Additional Journals:

Select the additional journals you'd like to order or renew.

- Diabetes (monthly): Regular rate \$395. Your rate \$187.
  - Diabetes Care (monthly): Regular rate \$395. Your rate \$187.
  - Diabetes Spectrum (quarterly): Regular rate \$95. Your rate \$45.
  - Clinical Diabetes (quarterly): Regular rate \$95. Your rate \$45.
  - Diabetes Forecast (monthly): Regular rate \$95. Your rate \$45.
- 

## Professional Section Interest Groups:

Choose from the following the additional journals you'd like to order or renew:

Select up to two FREE Interest Groups. Check one primary **P** and one secondary **S**.

**P S**

- Behavioral Medicine & Psychology (PP)
- Pregnancy & Reproductive Health (BB)
- Complications (TT)
- Education (SS)
- Exercise (XX)
- Foot Care (RR)
- Clinical Endocrinology, Health Care Delivery & Public Health (FF)

**P S**

- Diabetes Youth (EE)
  - Nutritional Sciences & Metabolism (NN)
  - Epidemiology & Statistics (CC)
  - Immunology, Immunogenetics & Transplantation (JJ)
  - Decline Interest Group membership at this time.
- 

Check your primary area of focus:  Clinical Practice  Education  Research  Industry

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I am enclosing \$ \_\_\_\_\_ for my Professional I membership dues.  
\$ \_\_\_\_\_ or renewed additional journals (check above).  
\$ \_\_\_\_\_ for new additional journals (check above).  
\$ \_\_\_\_\_ Total enclosed.

Check enclosed Charge my:  Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Signature \_\_\_\_\_

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Send checks payable to American Diabetes Association to P.O. Box 1638, Merrifield, VA 22116-1638

**Call 1-800-232-3472 or 703-549-1500 ext. 2343. Fax: 818-487-4550.**  
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## It's Time to Renew Your Membership

Dear Colleague,

As a health care professional involved in the fight against diabetes, it's vital that you stay current with all the latest breakthroughs and advances.

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As a Professional Member, you get timely, informative journals and books that keep you well informed. You interact with your peers at the Association's conferences, Scientific Sessions and webcasts. You build upon your network of scientists, researchers and doctors who can give you sound advice on new treatments and new therapies, or insights that can help your patients, practice and career.

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Cordially,  
  
Bob Ratner  
Chief Medical Officer

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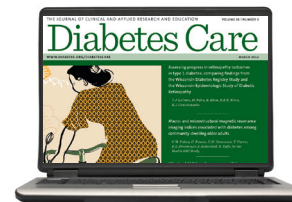
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