

**2012-2013 DIABETES RESOURCE COALITION OF LONG ISLAND
MEMBERSHIP APPLICATION**

Member Number is: 12_____

Please Print

Name: _____

Title: _____

Affiliation: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Please check appropriate responses:

- I'd like my name or organization on the Web Site at WWW.LONGISLANDDIABETES.ORG
- I am still interested in maintaining coalition membership and plan to attend or send a representative.
- I am still interested in maintaining coalition membership but unable to attend or send a representative.
- Willing to serve on a committee(s): (Please circle preference) 1. Web Site 2. Foot Screenings 3. Consumer 4. Professional Education
- Willing to participate in grant sponsored activities.
- Remove my name from mailing list.

Please mail or fax to: Susan Wilk, Cornell Cooperative Extension, 423 Griffing Avenue, Suite 100
Riverhead, NY 11901-3071 Fax: (631) 727-7130 Have questions call: (631) 727-7850 X385
6184-07 mr