

Georgia Diabetes Coalition

Membership/Partnership Form

The Georgia Diabetes Coalition was formed as the advisory arm of the Georgia Diabetes Prevention and Control Program in 2003. Coalition goals include: 1) Inform, educate and empower people about diabetes 2) Mobilize community partnerships to identify and solve health problems, 3) Evaluate effectiveness, accessibility, and quality of health services, and 4) Link people with diabetes to personal health services.

We invite you to join today!

Join the Coalition: ***Our Mission is to Raise Awareness of Diabetes and it conditions.***

_____ I am not able to be actively involved in the Coalition, but I would like to stay informed.

Please add my e-mail address to the list for the Coalition Newsletter and news bulletins.

_____ I am interested in contributing to the work of the Coalition in the following program areas:

_____ Diabetes Prevention

_____ Diabetes Self-Management Programs

_____ I am most interested in being involved in the following areas:

_____ Worksite

_____ Faith-based

_____ Community

_____ Schools

_____ Healthcare

Support the Coalition:

I/my organization can support the Coalition in the following ways:

_____ Provide funding or in-kind resources (such as meeting space, printing)

_____ Provide guidance, expertise, evaluation or review

_____ Support implementation of outreach and education.

_____ Other Please specify:

My organizations expertise: _____

Basic Membership: Includes voting rights, admission to all meetings, conferences and classes.

_____ Student Member: \$15

_____ Individual Member: \$35

Nonprofit Organization: Basic Membership benefits for up to five members plus special discounts.

_____ For 501c3 organizations only: \$125

Business: Basic Membership for up to five members plus exhibit opportunities at certain events.

_____ Small Business (< 100 employees): \$150

_____ Large Business (\geq 100 employees): \$275

For All Members: Additional Contribution in the amount of \$ _____

Name: _____ Title: _____ Credentials: _____

Name of Organization: _____ Website: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

For info on our quarterly meetings and
other programs, visit: gdctoday.org
or call: (678) 310-4432

Mail completed form with check for annual dues to:
Georgia Diabetes Coalition
P.O Box 162160 Atlanta, GA 30321