



**APPLICATION FORM TO BECOME A MEMBER OF DIABETES JERSEY**

**TITLE AND FULL NAME** .....

**ADDRESS** .....

.....  
 .....  
 .....POST CODE.....

**EMAIL ADDRESS** .....

**HOME TELEPHONE** .....

**MOBILE NUMBER** .....

**DO YOU HAVE DIABETES?                      YES                      NO**

**TYPE 1**            Please tick appropriate box

**TYPE 2**     

**WOULD YOU LIKE US TO EMAIL YOU ABOUT UPCOMING EVENTS/MEETINGS ETC.?   YES   NO**

**SHOULD ANY OF THE INFORMATION PROVIDED ABOVE CHANGE, I SHOULD BE VERY GRATEFUL IF YOU WOULD ADVISE US BY EMAIL AT [carmeloc2201@gmail.com](mailto:carmeloc2201@gmail.com)**

**PLEASE HAND IN YOUR COMPLETED FORM TO A MEMBER OF THE DIABETES JERSEY COMMITTEE OTHERWISE PLEASE MAIL THE FORM TO:**

**DIABETES JERSEY  
 APARTMENT 16 THE CARLTON  
 HAVRE DES PAS  
 ST HELIER  
 JE2 4HP**

**ONCE YOUR APPLICATION HAS BEEN ACCEPTED, WE WILL WRITE TO CONFIRM THIS.**

**I WOULD LIKE TO RECEIVE THE DIABETES JERSEY NEWSLETTER BY ONE OF THE FOLLOWING:**

Please tick one of the boxes

**Email**     

**Post**     

**SIGNED.....DATE.....**