

MEMBERSHIP APPLICATION

P.O. Box 506, Devonshire DV BX • Tel: (441) 297-8427 • Fax: 441-292-6960 • Email: bda@northrock.bm

NAME and ADDRESS

FULL NAME

ADDRESS

TELEPHONE and EMAIL

WORK	HOME	MOBILE
EMAIL		

PERSONAL DETAILS

AGE: FEMALE MALE

I have diabetes: NO TYPE 1 TYPE 2

ANNUAL MEMBERSHIP LEVEL DESIRED (Please check box)

Individual - \$5
 Supporter - \$125
 Patron - \$250
 Fellow - \$500
 Benefactor - \$1,000
 Corporate - \$2,500

I wish to make an additional donation of \$

I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS...

Fitness Education Administration
 Fundraising IT Other...

PLEASE PROVIDE DETAILS
