



Membership Application / Renewal Form

A) - Please fill in this form on your computer (click selections and type in text boxes) then:
re-save the pdf (check it includes your entries) and send by EMAIL to <fend.membership@fend.org>
OR B) – Print the form, fill in the form by hand (CLEARLY) and send by post to:

Are you a member of FEND?	Yes	No
If yes, membership number (6 digits)		

Title
Family name / Surname
First Name
Gender

Home Address
City
Postcode
Country

Place of work
City
Postcode
Country

Home tel
Work tel
Email

Profession	Full time	Part time
Is your work		
Qualifications (Nursing and other)		
When did you start work in diabetes? (year)		
Special interests within field of diabetes		

I apply to be a member of the Federation of European Nurses in Diabetes:	
Signed	Date.