PATIENT MEMBERSHIP APPLICATION





CONTACT INFORMATION NEW MEMBER RENEWAL				
Dr. Mr. Ms. L	ast Name		First Name	M.I.
Mailing Address (as require	ed for postal delivery to you	r location)		
Mailing Address (cont'd)				
City	State		Zip/Postal Code	Country
Telephone		Fax		
Email (required for confirm	nation)			
community of your pr • Must be an independe	eference	esent a 501 (c)(3) o	rganization in the USA or charity orga	ent Community discussions or any other anization in other countries.
NEED HELP? The DIA Customer Please call us toll f		oleased to answe	er any questions regarding you	r application.
ONLINE: DIAglobal.	org/Membership			
FAX: +1.215.442.619	9			
EMAIL: Membership	o@DIAglobal.org			
	enter Drive, Suite 600 gton, PA 19034, USA			

EMAIL FORM

MEMBERSHIP CANCELLATION POLICY

DIA membership is not transferable. You may cancel your DIA membership within 30 days of the purchase. Refunds must be requested in writing and sent to the DIA Headquarters at **Membership@DIAglobal.org**.

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