



**Dakota Diabetes Coalition Member Application**

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As a volunteer member of the Dakota Diabetes Coalition, with voting privileges, I will:

1. Help establish statewide priorities for the prevention and control of diabetes through our annual meeting or conference call(s). I will share ideas and recommendations and volunteer for Coalition work as able.
2. Work within my organization and with other partners in North Dakota to implement strategies that address a Coalition priority. I will strengthen those efforts by recruiting new members.

Name: \_\_\_\_\_

Title or Credential: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way to be contacted:  Phone  E-mail

My Areas of Practice:      Clinical Practice \_\_\_\_\_      Education \_\_\_\_\_  
    Public Health \_\_\_\_\_      Administration \_\_\_\_\_

Please list organizations that you interact with that may have an interest in what the Dakota Diabetes Coalition is doing.

Are you open to the idea of a leadership position at some time in the future with the Diabetes Coalition?    \_\_\_ Yes                    \_\_\_ No

If yes, would you be interested in leadership training if provided by the Coalition?    \_\_\_ Yes    \_\_\_ No

If you are planning to mail or fax in this form, please sign below. If you are returning the form by email, no signature is needed.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Fax: 701.328.1412                    Email: [tarso@nd.gov](mailto:tarso@nd.gov)                    Phone: 701.328.2356

**Mail:** Attn: Teri Arso– DDC Membership  
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