Kentucky Diabetes Network (KDN)
Active Member Commitment Statement

1. As an active member of the KDN, I understand that responsibilities include:
   - Attendance at KDN meetings as often as possible (or send representative)
   - Participation in workgroups and committees
   - Completion of assigned tasks during and between meetings

   I, _____ commit to actively participate in KDN to "improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately, to prevent the onset of diabetes."

   Signature _____ **Date** _____

Please continue

2. What stimulated your interest in the Kentucky Diabetes Network?

3. How can you assist the Kentucky Diabetes Network to meet its mission and goals?

4. What are your expectations of the Kentucky Diabetes Network?

5. Please complete the contact information requested below:
   Mailing address: _____
   _____
   _____
   Phone: _____ Fax: _____
   E-mail: _____

6. If you will be representing an organization or association, please identify it below:

7. Work affiliation if different from above: _____

Thank you! Please return form to:

KDN - Membership
P.O. Box 4245
Frankfort, KY 40604-4245