

Hammer Home the Glucose world diabetes day

Membership Form Date:	Affix Passport
Surname:	Photograph
Other Names:	here
Sex:Marital Status:.	
Date of Birth:	:
Email:	
Phone Number:	
Level (For Students):	
Occupation:	
State of Origin:	
L.G.A.:	
Residential Address:	
Are you Diabetic?; If yes, what type of diabetic	etes?
Do you have a relative that is diabetic?; If ye with diabetes.	es HHtG offers help for people
Member Signature:	
For Office Use Only	
ID Number: Remark:	
Items Given:	□HHtG T-Shirt □I ogin ID