

# Letter of Intent to Join Diabetes Self-Care Classes

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my intention to join the upcoming Diabetes Self-Care Classes offered by your organization. I have been diagnosed with diabetes, and I believe that participating in these classes will significantly enhance my understanding and management of my condition.

I am particularly interested in improving my knowledge of dietary management and physical activity as part of my self-care routine. I am committed to bettering my health and would appreciate the opportunity to learn from expert instructors and connect with fellow participants.

Thank you for considering my application. I look forward to your positive response and hope to be a part of the classes.

Sincerely,

[Your Name]