



National Eating Disorders Association

**Make a Difference
Become a NEDA Professional Member today!**

Professional Membership Benefits

Your membership makes you a part of the National Eating Disorders Association, the largest grassroots eating disorders organization in the United States. Together – with your support – we provide an incredible information and referral service that gives hope and help to eating disorders sufferers, their friends and families.

Fees: \$100 for individuals, \$200 for organizations, \$500 Premiere Membership

Benefits for ALL Membership Levels:

- ✓ **Online Referral Listing:** We list your name and contact information, along with details about your practice on our web site: www.NationalEatingDisorders.org – Our referral listings receive 56,000 hits per month!
- ✓ **Website Link:** A hot link from our website to yours – originating from your referral listing.
- ✓ **National Toll-Free Helpline Listing:** Your listing provided by fax or mail to people who request treatment referrals from our 1-800 number and by email. (Approximately 20,000 calls per year)
- ✓ **Newsletter and Member Only Communications:** A subscription to our Outlook newsletter (3 times per year), as well as other mailings and email alerts about events, conferences, continuing education, research grants and more.
- ✓ **Membership Packet:** Includes a certificate to hang in your office, sample educational materials and an order form.
- ✓ **Online Membership Updates:** Free access to your referral listing online 24 hours per day so you can update your referral listing whenever you like. (Go to the “My NEDA” section of our web site)
- ✓ **Additional Listings Half Price:** Active members may add listings in additional locations or up to two surrounding states for half the regular membership price (\$50 per extra listing for individuals and \$100 per extra listing for organizations).
- ✓ **NEW! Special Discount on a Newsletter From Gurze Books:** Receive a special \$45 rate on a 6-issue annual subscription to the *Eating Disorders Review* (regularly \$65). This clinical newsletter provides current, relevant information on all aspects of eating disorders.

Premiere Membership Level

~All the benefits above, plus~

- * A **logo or photo** of your director or facility included on your online referral listing
- * Your listing in **2 additional locations** (May be 2 more offices or surrounding states.)
- * A **150 word description** of your facility* (*Must be approved by NEDA. No comparative language or calls to action.)
- * Coupon for a **\$50 discount** off the price of the next NEDA Conference for Families and Professionals.

Please join or renew today! Contact Ruth McKinnie, Membership Services Manager at 206-382-3587, x 22 or RMcKinnie@NationalEatingDisorders.org if you have any questions.

The National Eating Disorders Association is a 501(c)(3) nonprofit organization. Your contributions are tax-deductible to the full extent of the law.



National Eating Disorders Association

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www.NationalEatingDisorders.org

Professional Member Application Form

Yes! I want to join/renew as a Professional Member of the National Eating Disorders Association.

My Name and Contact Information as I would like it to appear on my primary treatment referral listing:

Name and Credentials: _____

Business/Organization: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 1-800 #: _____ Fax: _____

Email: _____ Website: _____

My Mailing Address (if different from above):

Contact Name for renewing this membership: _____

Address: _____

City: _____ State: _____ Zip: _____

Secondary Phone: _____ Home/Work/Cell (*circle one*)

Membership Categories:

- \$100 Individual Membership (Personal listing - one individual's information)
____ (#) Additional listings at \$50 each - *NEDA will email you information to set these up.*
- \$200 Organizational Membership (Facility listing - residential treatment center, hospital, etc.)
____ (#) Additional listings at \$100 each - *NEDA will email you information to set these up.*
- \$500 Premiere Membership. *NEDA will contact you via email to obtain your logo and 150 word description.*
- I want to do MORE to help!** Enclosed is my additional, tax-deductible donation of \$_____

TOTAL AMOUNT: \$_____

Please enclose a check or provide your credit card information.

Cardholder (*Print name as it appears on card*): _____

(Visa) (MC) or (AMEX) **circle one** Card Number: _____ Exp: _____

Signature: _____

*****Don't forget to fill out your information on the reverse side!*****

Treatment Setting *(Circle all that apply)*

Is your practice A) **Inpatient**
B) **Outpatient**

- A) Private Practice
- B) Group Practice
- C) College or University Counseling Program

- D) Nutrition Center
- E) Other: _____

Population Served *(Circle all that apply)*

- A) Anorexia Nervosa
- B) Bulimia Nervosa
- C) Binge Eating Disorder
- D) Obesity

- E) Children with Eating Disorders (Ages: _____)
- F) Men with Eating Disorders
- G) Other: _____

Modality *(Circle all that apply)*

- A) Individual Therapy
- B) Family Therapy
- C) Couples Therapy
- D) Group Therapy

- E) Medical Care
- F) Psycho-Pharmacology
- G) Nutritional Counseling

Additional Information *(Circle all that apply)*

- A) Support groups
- B) Sliding fee scale
- C) Accept Medicare or Medicaid
- D) Fluent in languages other than English
(Please List) _____

- E) Specialize in providing treatment for specific groups or issues, such as trauma, sexual abuse, addiction, etc.
(Please List) _____

Description of Services: _____
(15 words or less please)

Credentials/Licensing of your practice and/or facility: _____

Are you a member of the Academy for Eating Disorders? **Yes** **No**

I agree that all of the information in this application is valid and accurate.

Print Name: _____

Sign Name: _____ Date: _____