



National Eating Disorders Association

National Eating Disorders Association
 165 West 46th Street, Suite 402
 New York, NY 10036
 Phone: 212-575-6200
 Fax: 212-575-1650

Renew Your Membership or Join Today!

STEP 1: Choose Your Membership Level*

<input type="checkbox"/> \$100 Individual Membership (Personal listing - one individual's information)
<input type="checkbox"/> \$200 Organizational Membership (Facility Listing - group practice, treatment center, hospital, etc.)
<input type="checkbox"/> \$500 Premiere Membership* NEDA will contact you via email to obtain your graphics (a logo and/or photo) and 150-word description.
<input type="checkbox"/> I want to do MORE to help! Enclosed is my additional, tax deductible donation of \$_____ to support NEDA's New Website and Educational Initiatives.

STEP 2: Choose Your Payment Method

\$_____ Total Amount	<input type="checkbox"/> My Check is attached.	<input type="checkbox"/> Please charge my credit card below.
<input type="checkbox"/> AmEx <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card #: _____		
Exp. Date:	Security Code:	Billing Zip Code:
Name as it appears on card:		

STEP 3: Enter Your Contact Information

Contact Person:		Title:	
Referral Name (Individual or Business Name based on member level, as you wish it to be listed on all referrals)			
Address (street address, city, state, zip, country - if outside of US)			
Phone 1	Phone 2	Email	Fax

STEP 4: Update Your Listing Online

After returning this form with your payment, you will be emailed a username and password to enter details about your practice online. Contact development@myneda.org if you have any questions.

Return this form in the enclosed envelope or via fax: 212-575-1650

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