



# National Eating Disorders Association

Make a Difference  
Become a NEDA Professional Member today!

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## 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](http://www.NationalEatingDisorders.org) – Our referral listings receive 56,000 hits per month! Our website has more than 1.3 million unique users per year.
- ✓ **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.
- ✓ **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).

### **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.)

**Please join or renew today!** Contact Leslie Keeton at [LKeeton@MyNEDA.org](mailto:LKeeton@MyNEDA.org) if you have any questions.

\*\*Please note: NEDA's Professional Membership cycle is renewable annually and runs from May 1<sup>st</sup> – April 30<sup>th</sup>.

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



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Yes! I want to join/renew as a Professional Member of NEDA

## My Referral Listing (Name and Contact Info EXACTLY as you would like it to appear on our website and in print):

Name and Credentials: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Work/Cell (circle one) 1-800 #: \_\_\_\_\_

Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Work or Personal? (circle one)

Alternate Email: \_\_\_\_\_ Work or Personal? (circle one)

Website: \_\_\_\_\_

## My Billing/Mailing Address (if different from above):

Contact Person for renewing this membership (self or other):  
\_\_\_\_\_

Address (if different from referral listing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Home/Work/Cell (circle one)

### Membership Categories:

- \$100 Individual Membership** (Personal listing - one individual's information. No org or company name will be listed.)  
\_\_\_\_\_ (#) Additional listings at \$50 each — Maximum of two. NEDA will email you information to set these up.
- \$200 Organizational Membership** (Facility listing – group practice, treatment center, hospital, etc.)  
\_\_\_\_\_ (#) Additional listings at \$100 each — Maximum of two. 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: \$** \_\_\_\_\_

**Payment**  My check is enclosed.  Please charge my credit card: (Visa) (MC) or (AMEX) \*circle one\*

Cardholder (Print name as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Billing Zip Code for this card (\*REQUIRED): \_\_\_\_\_

### NEDA Professional Member Application

## Treatment Details (These are the fields that you will enter when you update your referral online.)

### Payment Options for Patients (Circle all that apply)

A) Sliding fee scale

B) Accepts Medicare/Medicaid

### Treatment Setting (Circle all that apply)

A) Inpatient

E) Residential

B) Outpatient

F) Group Practice

C) Private Practice

G) College or University Counseling Program

D) Hospital – Separate/Not Separate

H) Nutrition Center

I) Other: \_\_\_\_\_

### Populations Served (Circle all that apply)

A) Anorexia Nervosa

E) Children with Eating Disorders (Ages: \_\_\_\_\_)

B) Bulimia Nervosa

F) Boys/Men with Eating Disorders

C) Binge Eating Disorder

G) Other: \_\_\_\_\_

D) Obesity

### Treatment Offered (Circle all that apply)

A) Individual Therapy

G) DBT

B) Group Therapy

H) Medical Care

C) Family Therapy

I) Psycho-Pharmacology

D) Couples Therapy

J) Nutritional Counseling

E) Cognitive Therapy

K) Support Groups

F) Dental Treatment

L) Maudsley Therapy

### Additional Information (Circle all that apply)

A) Fluent in languages other than English (Please list): \_\_\_\_\_

B) Special populations served and/or specific issues such as trauma, sexual abuse, addiction, etc... (Please list)  
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### Treatment Center Description – 25 words (or less):

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### Treatment Approach – 15 words (or less) description:

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**Credentials/Licensing of your practice and/or facility:** (Example JCAHO/Joint Commission, state licensing and others) \_\_\_\_\_

**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. I recognize that NEDA has the right to refuse membership or to revoke membership status and that no refund will be provided if membership is revoked for mis-, mal- or nonfeasance.*

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_