



Membership Application

I am applying for membership as: Regular Affiliate Student

Name (First/Given) _____ (Last/Family) _____ Credentials _____

Female Male

Organization _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country _____

Phone (Business) _____ Fax _____ E-mail _____

Professional Information

Highest Degree: _____

Discipline:

Dietetics/Nutrition Nursing Psychology Exercise Physiology Counseling Primary Medicine
 Marriage/Family Therapy Psychiatry Social Work Physician/Pediatrician Other (specify) _____

Institutional Affiliation: _____

Do you see patients or accept clinical referrals? Yes No

If someone referred you to AED, please indicate his/her name _____

List memberships in other professional organizations: _____

Are you a member of an AED sister organization? If so which one? _____

Are you interested in learning about or joining a SIG? Yes No

For a complete listing and description of current SIGs, visit www.aedweb.org.

Practice Parameters (check all that apply)

I see: Children Adolescents Adults All ages Families
My practice is: Outpatient Inpatient/residential Residential Both Other (specify): _____

Payment Information (Please see the AED dues chart to find the dues amount for your membership type and nation of residence.)

Membership year is **January 1 through December 31**. Dues are billed on a calendar year, not anniversary. Dues are not prorated.

Journal subscribers will receive back issues for the months prior to the join date of that membership year.

AED is pleased to introduce an "Introductory Membership" category, available to new members to the AED. The Introductory Membership is a one-year reduced rate to members who are new to the AED, or those coming back to the AED after a hiatus of 5 years or longer. Introductory Members will be able to access the International Journal of Eating Disorders and AED "Forum" Newsletter, be able to hold office positions and vote on AED issues, and be eligible for reduced conference registration fees. Please see the 2009 Dues Table for the fee schedule for this new membership category.

Based on past dues increases, members who renew for 2 or 3 years could save as much as 15% by locking in their rate. Pay now and avoid future dues increases. Yes! Sign me up for: 1 year 2 years 3 years

Check (make payable to the Academy for Eating Disorders in US funds)

VISA MasterCard American Express

Payment Enclosed: \$ _____

Card Number _____ Expiration Date _____

Credit Card Billing Address (if different from above) _____

Signature _____

Mail or fax payment to:

Academy for Eating Disorders • 36841 Treasury Center • Chicago, IL 60694-6800 • Fax: 847/480-9282