



AUSTRALIA & NEW ZEALAND ACADEMY FOR

# EATING DISORDERS

## Application for Membership 2009/10\*

\*Your membership is valid for the 2009/10 financial year and will expire June 30, 2010

### CONTACT INFORMATION

Organisation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb/City: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Fax \_\_\_\_\_)  
Email: \_\_\_\_\_

*Please select one group representative\**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email: \_\_\_\_\_

\*The membership invoice will be distributed to your group representative

How many members are in your group? \_\_\_\_\_  
*Please see overleaf to enter individual member information*

### Primary Interests:

- Treatment  Anorexia Nervosa  Disordered Eating  Continuing Care  
 Prevention  Education  Diagnostic Issues  Binge Eating  
 Bulimia Nervosa  Health Promotion  Research  Early Intervention

### PROFESSIONAL INFORMATION

#### Discipline:

- Counsellor  Occupational Therapy  
 Dietitian  Social Work  
 Nursing  Family Therapy  
 Paediatrics  Psychoanalyst  
 Psychiatry  Student  
 Psychology  Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ANZAED is affiliated with the Academy of Eating Disorders, (AED). ANZAED members are eligible for a reduction in AED membership price. This will require ANZAED to provide your membership details to the AED. If you DO NOT wish for your name to be forwarded to AED please tick here  or contact Amanda Ridd directly at amanda.ridd@eatingdisorders.org.au

### Pricing

Group Size	Discount	Price
Individual	n/a	\$110
Up to 5 people	10%	\$99 per person
Up to 10 people	15%	\$93 per person
Up to 15 people	20%	\$88 per person
16+ people	25%	\$82 per person

### Donation

[ ] I would like to make a tax-deductible donation to the ANZAED Foundation\* for \$ \_\_\_\_\_

\* The ANZAED Foundation provides education, training and scholarship opportunities in the field of eating disorders. All donations are 100% tax-deductible.

### Payment Options

[ ] Credit Card

Please circle: *Visa Mastercard Bankcard*

Card Holders Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_ / \_\_\_

Signature: \_\_\_\_\_

[ ] Cheque

Total Amount : \$ \_\_\_\_\_

Please send your completed form + CHEQUE or CARD payment to:

Amanda Ridd  
ANZAED Membership Secretary  
1513 High Street  
Glen Iris, VIC 3146

For information about conferences and other activities, visit our webpage [www.anzaed.org.au](http://www.anzaed.org.au)



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# EATING DISORDERS

## MEMBER INFORMATION

**Member 1**

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

Email: \_\_\_\_\_

-

**Member 2**

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

Email: \_\_\_\_\_

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**Member 3**

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

Email: \_\_\_\_\_

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**Member 4**

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

Email: \_\_\_\_\_

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**Member 5**

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

Email: \_\_\_\_\_

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**Member 6**

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

Email: \_\_\_\_\_

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**Member 7**

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

Email: \_\_\_\_\_

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**Member 8**

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

Email: \_\_\_\_\_

-

**Member 9**

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

Email: \_\_\_\_\_

**Member 10**

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

Email: \_\_\_\_\_