



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

PERSONAL INFORMATION

Name: _____
Street: _____
Suburb/City: _____
State: _____ Postcode: _____
Country: _____
Phone (H): _____ (M): _____
Fax: _____
Email: _____
Gender: Female Male

I'm renewing my membership: please use my 2008/09 details

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: _____

Professional Affiliations:

[Other professional organisations you are a member of]

What would you like to gain from membership of ANZAED?

Do you have any suggestions for ANZAED activities?

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

Type of Membership

Full \$110.00 (inc. GST)
 Student \$27.50 (inc. GST)
(Students note: proof of your full time student status is required)

AED Members (less 5%)

Full \$104.50 (inc. GST)
 Student \$26.00 (inc. GST)

Donation

I would like to make a tax-deductible donation to the ANZAED Research and Training Foundation* for \$ _____

(suggested minimum \$20)

* The Foundation provides education, training and scholarship opportunities to clinicians and young investigators 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: __ / __

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