

Application for Membership

2007/2008



AUSTRALIA & NEW ZEALAND ACADEMY FOR

EATING DISORDERS

Type of Membership:

- Full \$110.00 (inc. GST)
- Full \$100 (for AED members) (inc. GST)
- Full Time Student \$27.50 (inc. GST)

Payment Options

Credit Card Cheque
Visa, Mastercard, Bankcard

Credit Card No: Expiry Date: __/ __/ __

Card Holders Name:

Signature:

Completed form + CHEQUE or CARD
payment to:
ANZAED Membership Secretary
PO Box 577
Wahroonga
NSW 2076
may.mcnicol@fmc.sa.gov.au
www.anzaed.org.au

For information about conferences
and other activities, visit our web
page www.anzaed.org.au

PERSONAL INFORMATION

Name: _____
Street: _____
Email: _____
Fax: _____
Phone Mobile: _____
Country: _____
Suburb/City: _____
State Post Code: _____

Gender:

Female Male

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: _____