



AUSTRALIA & NEW ZEALAND ACADEMY FOR

EATING DISORDERS

Application for Membership 2011/12*

*Your membership expires on 30 June 2012 or 2013, depending on selection

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: _____
 General Practitioner

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 email anzaed@anzaed.org.au

Pricing

Group Size	Discount	Price til 30 June 2012	Price til 30 June 2013
Individual	n/a	\$160	\$250
Up to 5 people	10%	\$144 per person	\$216 pp
Up to 10 people	15%	\$136 per person	\$204 pp
Up to 15 people	20%	\$128 per person	\$192 pp
16+ people	25%	\$120 per person	\$180 pp

All prices in AUD and include gst

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*

Card Holders Name: _____

Credit Card Number: _____

Expiry Date: __ / __

Signature: _____

Cheque

Total Amount : \$ _____

Please email your completed form + CARD details to anzaed@anzaed.org.au or send your CHEQUE or CARD payment to:

ANZAED membership
PO Box 4154 Castlecrag
NSW 2068, Australia

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



AUSTRALIA & NEW ZEALAND ACADEMY FOR

EATING DISORDERS

MEMBER INFORMATION

Member 1

Name: _____

Email: _____

-

Member 2

Name: _____

Email: _____

-

Member 3

Name: _____

Email: _____

-

Member 4

Name: _____

Email: _____

-

Member 5

Name: _____

Email: _____

-

Member 6

Name: _____

Email: _____

-

Member 7

Name: _____

Email: _____

-

Member 8

Name: _____

Email: _____

-

Member 9

Name: _____

Email: _____

Member 10

Name: _____

Email: _____