



“Accept Yourself...Accept Others” Professional Membership Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Discipline: \_\_\_\_\_

Business Name (required for mailing) \_\_\_\_\_

\*NOTE\* If none of your information from below to the signature line has changed, check SAME here.

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_ List Email? Yes \_\_\_ No \_\_\_

Practice Parameters

Degrees/Credentials: \_\_\_\_\_ Years in Practice: \_\_\_\_\_

State License #: \_\_\_\_\_ Certificate: \_\_\_\_\_ Year: \_\_\_\_\_

Payment Options (Check all that apply): Credit Cards Insurance Sliding Scale

Populations (Check all that apply): Couples Children Elderly Family Women Men Teens

Specialization (Check all that apply):

- Anorexia Nervosa Athletes Somatic Body Dysmorphic Disorder
Bulimia Nervosa Dentistry Self-injury Binge Eating Disorder
Compulsive Exercise Nutrition Obesity Drug/Alcohol Addictions

Treatment Approach (Check all that apply):

- ACT Biopsychosocial Research Spiritual
DBT Pyschopharmacologic Feminist EMDR Family Systems
IFS Group Therapy Holistic Interpersonal Psychodynamic
CBT Medical Intervention Nutrition Physical Therapy

**Additional Information**

- Are you interested in starting an ANAD support group? Yes      No
- Are you fluent in any language other than English? Yes      No  
If yes, check all that apply:  

Arabic	Chinese	French	German	Italian
Korean	Polish	Russian	Spanish	Other: _____
- Are you available for public speaking or media interviews? Yes      No
- Are you available for free assessments? Yes      No
- Have you ever been denied membership or been disciplined by any professional society?\* Yes      No
- Have you ever been involved in a malpractice action?\* Yes      No
- Do you have any professional liability complaints pending?\* Yes      No  
\*If you answered yes to any of the 3 questions above, please include a separate attachment.

**I agree that all information in this application is valid and accurate.**

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

**Membership Packages**

\$30 for graduate student/professional affiliation (not listed on website)

\$100 Individual Professional Membership

\$200 Group Professional Membership\*

\*(Group Practices: Please send each professional/discipline on a one-page attachment.)

Please enclose a check or provide your credit card information below. Total amount enclosed \$ \_\_\_\_\_

Cardholder (Print name as it appears on card: \_\_\_\_\_)

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature \_\_\_\_\_

**Treatment Centers interested in an ANAD Partnership?**

*Please call for details about this opportunity  
for website promotions and stronger collaboration.*