



## **iaedp™ Organizational Memberships**

### **Benefits**

- ❑ Target Specific Market of over 700 professionals in eating disorder field who are part of our membership database.
- ❑ Your organization's name and location listed on iaedp™ website front page
- ❑ Listing on Inside iaedp electronic newsletters
- ❑ Your organization's name listed in the online membership directory (for one year).
- ❑ Three complimentary memberships (for one year) with individual listings in the online membership directory
- ❑ Free rental of iaedp's membership mailing list (electronic format only) once a year for your state.

### **Membership Dues**

- ❑ Dues are \$1500 a year. Memberships become effective at the beginning of next quarter after application.

October, 2009

*PO Box 1295, Pekin, IL 61554  
Voice: 800-800-8126 Fax: 800-800-8126  
Email: [iaedpmembers@earthlink.net](mailto:iaedpmembers@earthlink.net)  
[www.iaedp.com](http://www.iaedp.com)*

**iaedp™** is a 501c3 non-profit organization

**International Association of Eating Disorders Professionals**  
**PO Box 1295 / Pekin, IL 61555-1295**  
**Tel. (309) 346-3341 / (800) 800-8126 / Fax (309) 346-2874**  
**Email: iaedpmember@earthlink.net / website: www.iaedp.com**

**Appendix H: Fee Structure**  
*(US Currency Only)*

Individual Membership \$195.00 per year

Student Membership\* \* \$75.00 per year

Retired Membership \$75.00 per year

Certification Application \$150.00

Certification Examination Fee \$75.00

Re-certification \$150.00  
(Valid for (2) two years from date of processing)

Certification Reinstatement Fee \$100.00  
(If expired more than 12 months)

Application to Become an Approved Supervisor \$125  
(Includes first 2 year term fee)

Approved Supervisor Renewal \$125 (2 yr term)

Organizational Member \$1500 per year

\*\* Student must show verification of semester hours.

The *International Association of Eating Disorder Professionals (IAEDP)* established the certification process to promote standards of excellence within the field of eating disorders. Professionals who demonstrate clinical expertise through education, experience and a rigorous examination are eligible for certification. Certification may enhance your marketability to managed care, the consumer and all other referral sources. Certification is not intended to be construed as a license to practice or as authorization to charge or collect fees for services rendered. This designation is unrelated to licensure and has no bearing on statutes or rules governing any of the mental health or health care professions. \*All professionals certified through IAEDP must maintain their IAEDP membership. A lapse and/or delinquency in said membership can and will result in a suspension of certification until the account has recovered from its delinquent status.



Please Print

(Office Use Only) Membership #

Name: (include licenses/degrees)

Home Street Address

City, State, Zip

( )

Home Phone including area code

Email Address (required)

Employer

Occupation

Work Street Address

City, State, Zip

( )

Work Phone

Ext.

( )

Work Fax

Have there ever been any ethical, legal, or professional proceedings, ethical hearings, malpractice, etc brought against you?

Yes No (You must check one)

If yes, please explain:

By signing below, I do attest that the information provided on this application is true and correct to the best of my knowledge. I am aware that The International Associations of Eating Disorders Professionals Foundation does have the right to request additional information from me should it be needed and iaedp™ also reserves the right to refuse any application for membership.

Signature

Date

Annual Membership Dues

- Individual Membership \$195
Organizational Membership \$1500
Full Time Student Member \$75\*
First Year Chapter Member \$100

\*Must have official documentation of semester hours.

Detach, complete, and return by fax or mail:

iaedp™
PO Box 1295
Pekin, IL 61555-1295
Fax: (800.800.8126)

Please Print All Information

Type of Credit Card: VISA MasterCard American Express Discover

Account Number:

Expires /

Name as it appears on card:

Billing Address: (include street, city, state and zip)

Total Membership Fees: \$ Chapter Joined (if applicable)

Signature

Date



Please Print

(Office Use Only) Membership #

Name: (include licenses/degrees)

Home Street Address

City, State, Zip

( )

Home Phone including area code

Email Address (required)

Employer

Occupation

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