



# Heartland Chapter Member Application

Please Print

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  
\$125

\*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 Heartland

Signature

Date