



Membership Application

The information you provide below will be how we will contact you about EDAM news and events, membership benefits and renewals, trainings, and other resources in which you may be interested. If you would like to be listed on our website's provider directory, please provide the contact information as you would like to see it on the website.

Name: _____ Title/Licensure: _____ Business Name _____

Address: _____ City: _____ State/Zip: _____ Tel: _____

Email: _____ Web Address: _____

- I am a treatment provider with training, experience and competence in the treatment of eating disorders.
 - I am a student: Middle School _____ High School _____ College/Grad School _____
 - I am a non-treatment professional that works with people with eating disorders (eg, teacher, professor, mentor, coach)
 - I am a community member interested in eating disorders.
 - I am interested in being more involved with EDAM as a board member, training presenter/organizer, or other type of volunteer.
- We will contact you with more information.

If you are a treatment provider, please complete the items in the box below:

| | | |
|---|--|--|
| <p><i>I work with (check all that apply):</i></p> <ul style="list-style-type: none"> • Children • Adolescents • Adults <p><i>I deliver my service through:</i></p> <ul style="list-style-type: none"> • Individual Therapy • Family Therapy • Support/Therapy Groups • Group Education Programming | <p><i>I work with clients who experience or have experienced:</i></p> <ul style="list-style-type: none"> • Anorexia • Bulimia • Binge Eating Disorder • Compulsive Exercising • Recent ED Hospitalizations or Residential Treatment • Avoidant/ Restrictive Food Intake Disorder <p><i>My approach(es):</i></p> <ul style="list-style-type: none"> • Cognitive Behavioral Therapy • Family Systems-Focused • Maudsley • Mindfulness-Based • Dialectical Behavioral Therapy • Psychodynamic • Intuitive Eating <p>Others _____</p> | <p><i>I participate with:</i></p> <ul style="list-style-type: none"> • Some or all Commercial Insurances • MaineCare/Medicaid • Medicare • Sliding Scale • Hour Exchange or other time-for- service exchange <p>_____</p> <p><i>Training:</i></p> <p>I have completed the following training:</p> <ul style="list-style-type: none"> • Eating disorders certification • Eating disorders coursework • Eating disorders continuing education • Eating disorder supervision • Other: _____ |
|---|--|--|

I have read and understand the levels, fees and benefits of EDAM membership. I am interested in becoming an EDAM member at this level. I understand that professional membership is conditional pending review of my experience above.

Organizational _____ \$250 Sustaining _____ \$ 200 Professional _____ \$50 Community _____ \$25 Student _____ \$ 10

Additional Donation _____

Make a payment on the <http://maineeatingdisorders.org> website, using the PayPal "Donate" button.

EDAM Membership Levels and Benefits

| | |
|------------------------|---|
| Organizational Member: | \$ 250 per year <ul style="list-style-type: none">☐ Acknowledgement on EDAM website, newsletters and other marketing materials as an Organizational Member.☐ Organizational listing and link on EDAM website for your organization or facility☐ Affiliation and networking with other professionals and community members☐ Notifications on EDAM and affiliated trainings and events☐ Discounts on EDAM-offered trainings for up to 5 staff members |
| Professional Member | \$50 per year <ul style="list-style-type: none">☐ Acknowledgement on EDAM website, newsletters and other marketing materials as a Professional Member.☐ Professional listing on EDAM website☐ Affiliation and networking with other professionals and community members☐ Notifications on EDAM and affiliated trainings and events☐ Discounts on EDAM-offered trainings |
| Community Member | \$ 25 per year (or more if you choose) <ul style="list-style-type: none">☐ Acknowledgement on EDAM website as a Community Member☐ Affiliation and networking with other professionals and community members☐ Notifications on EDAM and affiliated trainings and events |
| Student Member | \$ 10 per year (Middle or High School, College or Graduate Student) <ul style="list-style-type: none">☐ Access to professionals and other community☐ Notifications on EDAM and affiliated trainings and events |

EDAM is a 501(c)(3) non-profit organization. Your membership fee or donation for the Eating Disorders Association of Maine may be tax deductible. You will receive an acknowledgement of your payment upon receipt.



email: info@maineeatingdisorders.org
web: <http://maineeatingdisorders.org>