



# ALABAMA NETWORK FOR EATING DISORDERS AWARENESS

*giving direction ~ giving hope*

## ALNEDA MEMBERSHIP APPLICATION

### Please Select Annual Membership

- \$10 Student
- \$15 Individual
- \$50 Professional\*
- \$200 Sustaining (no renewal required)

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Is this address  Home or  Work?

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

I am interested in:

- Volunteer Opportunities
- Participating in the Speakers' Bureau
- Joining a Committee

Please send your completed application and check (payable to ALNEDA) to:

ALNEDA  
P.O. Box 530981  
Birmingham, AL 35253  
[www.alabamaeatingdisorders.com](http://www.alabamaeatingdisorders.com)  
[www.alneda.info](http://www.alneda.info)

\* Professional Members are providers of direct services to the eating disorders community.