

EDAC-ATAC Membership/Renewal Form 2017

Please complete the following form prior to sending payment. Membership dues can be paid online via PayPal (link will pop-up at completion of this form) OR by cheque made payable to the Eating Disorder Association of Canada and sent to Cheryl Aubie (Eating Disorder Clinic, 5909 Veterans Memorial Lane, Abbie J Lane Bldg., Suite 3005, Halifax, NS, B3H 2E2)

If you have any questions about the form, membership benefits, or the type of membership you should select, you can review the criteria on our webpage: <http://www.edac-atac.ca/become-a-member/>

Memberships registered from November 1, 2016 onward will be valid through December 31, 2017.

* Required

1. Title

Mark only one oval.

- Dr.
- Prof.
- Ms.
- Mrs.
- Mr.

2. First Name *

.....

3. Last Name *

.....

4. Institution

.....

5. Address *

6. City *

.....

7. Province *

Mark only one oval.

- Alberta
- British Columbia
- Manitoba
- Ontario
- Saskatchewan
- New Brunswick
- Newfoundland & Labrador
- Nova Scotia
- Northwest Territories
- Nunavut
- Prince Edward Island
- Quebec
- Yukon

8. Postal Code *

.....

9. Business Phone

10. Home Phone

.....

11. Fax

.....

12. Email *

.....

13. Highest Degree

14. Discipline *

Check all that apply.

- Counselling
- Dietetics/Nutrition
- Exercise Physiology
- Nursing
- Marriage/Family Therapy
- Occupational Therapy
- Psychiatry
- Psychology
- Physician/Paediatrician
- Primary Medicine
- Social Work
- Other:

15. I am a: *

Mark only one oval.

- New member
- Returning member

16. Type of Membership *

Mark only one oval.

- Member/Affiliate
- Member for concurrent AED member
- Member-in-Training

17. AED membership number (if applicable)

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18. Program/School (if applicable, please provide proof of student status to Denise LeBlanc)

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19. I would like to volunteer to assist in the further development of EDAC-ATAC *

Mark only one oval.

- Yes
- No

20. I consent to having my contact information shared with other EDAC-ATAC members *

Mark only one oval.

Yes

No

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