



**ANZAED**  
AUSTRALIA & NEW ZEALAND  
ACADEMY FOR EATING DISORDERS

## Application for Group Membership 2017/18\*

**For organisations with groups of 5 or more people**

\*Membership is valid for the 2017/18 financial year and will expire June 30, 2017

### CONTACT INFORMATION

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please select one group representative\*

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

\*The membership invoice will be distributed to your group representative

How many members are in your group? \_\_\_\_\_

*Please see overleaf to enter individual member information*

**PD Interests of group members:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Pricing

Group Size	Discount	Price
Individual	n/a	\$230
5 & over	10%	\$207 per person

### Payment Options

#### Credit Card

Please circle: Visa Mastercard

Card Holders Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_ / \_\_

Signature: \_\_\_\_\_

#### Cheque

Total Amount : \$ \_\_\_\_\_

Please email your completed form + CARD details to [anzaed@anzaed.org.au](mailto:anzaed@anzaed.org.au) or send your CHEQUE or CARD payment to:

ANZAED  
PO Box 4154, Castlecrag NSW  
2068, Australia



**ANZAED**  
MEMBER

## MEMBER INFORMATION

### *Member 1*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 2*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 3*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 4*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 5*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 6*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

### *Member 7*

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_