



# ORGANIZATION APPLICATION FORM

**Friends of the Academy for Eating Disorders (AED)** for non-professional eating disorders organizations

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ORGANIZATION

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CONTACT NAME (First/Last)

DESIGNATION

TITLE/POSITION IN ORGANIZATION

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ADDRESS (To be used in member directory)

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CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

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PHONE (To be used in member directory)

FAX

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EMAIL (To be used in member directory)

WEBSITE (To be used in member directory)

**The Friends of AED** category of membership is designed to acknowledge the work of non-professional stakeholder organizations in the eating disorders field, and to promote the mission and goals of organizations whose values align with those of the AED. The organizational structure of the Friends of AED membership provides a means of communication between the AED Board of Directors, AED Committees, Advisory Boards, and the non-professional organizations by providing volunteer roles for non-professional AED members to represent the concerns, lived experience, and perspectives of patients and carers.

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## ELIGIBILITY CRITERIA

**To be eligible for “Friends of AED” membership, the applicant organization must:**

1. be an organization with a predominantly non-professional membership comprising persons with eating disorders, patient-carers, and other ED community advocates OR an organization dedicated to lobbying for advances in ED research, improved access to ED treatment and/or providing peer support for individuals with eating disorders and/or their carers.
2. have a stated mission and goals compatible with those of the AED (i.e. to generate knowledge and integrate collective expertise about eating disorders; to provide platforms for the promotion of understanding and sharing of knowledge in the field of eating disorders).
3. have legal status as a charitable organization OR have a well-defined organizational structure such as a Board of Directors, a Leadership Committee or other governing body.
4. have in place by-laws or similar written governance policies outlining leadership roles and responsibilities, gift acceptance, and fiscal oversight.
5. have been in existence for at least two years at the time of application.
6. have the ability to communicate with their members, through bulk email, in a manner that satisfies opt-in/opt-out and anti-spam regulations.
7. not originate within the AED.

## MEMBERSHIP STRUCTURE & BENEFITS

1. An Annual Fee of \$500.00, to be paid by the ‘Friends’ Organization (FO), will include two individual memberships (currently \$250 per membership per year). The FO’s leadership will then decide who will represent them from year to year.
2. ‘Friends’ Organizations will qualify for a 50% discount off the standard exhibition booth rate for the annual ICED.
3. Registered FO Leaders will form a ‘Friends’ Advisory Council which will meet two times annually, by telecom, and which will report directly to the AED Patient-Carer Committee (PCC). This council will designate one Carer and one Patient representative to serve on the PCC committee.
4. Each FO will list AED on their website and promote AED events and initiatives of interest to their membership, and vice-versa.
5. Each FO will participate in an annual survey of their membership in order to identify important issues, priorities and concerns within the stakeholder community. This survey will be created by the AED’s PCC in collaboration with other relevant AED committees, approved by the AED Board, and updated each year.

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**Please Complete PAYMENT  
Information on back ►**



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## PAYMENT INFORMATION

Membership year is **January 1** through **December 31**.

Dues are billed on a calendar year, and are not prorated.

**\$30** of your dues will be a donation to the AED scholarship fund.

### **Payment**

Please check box to authorize automatic renewal of your AED Membership. You will be charged for subsequent years' dues according to the payment information you provide. AED will send you a reminder notice of the impending automatic debit at least one month before the charge to your account is to be made.

To cancel participation in this program at any time, simply inform AED in writing before **October 1st** of the year for which you wish to cancel your participation. Thereafter, you can renew "Manually" or cancel your membership altogether.

### **\$500 Friends of AED Membership Dues**

Includes AED memberships for 2 people — *please submit for each person the regular AED membership application.*

(PDF available at [www.aedweb.org](http://www.aedweb.org) under Membership)

### **Freeze the Current Rates Now to avoid future dues increases.**

1 extra year     2 extra years

**TOTAL PAYMENT:** \$ \_\_\_\_\_

### **Check**

(make payable to the **Academy for Eating Disorders** in US funds)

### **Credit Card**

AmEx     MasterCard     VISA

CARD NUMBER

EXP DATE

NAME ON CREDIT CARD

CSC SECURITY CODE

SIGNATURE

**MAIL, EMAIL OR FAX** application with **payment** to:

**Academy for Eating Disorders**

11130 Sunrise Valley Drive | Suite 350 | Reston, VA 20191 USA

**Email:** [aed@aedweb.org](mailto:aed@aedweb.org) | **Fax:** +1-703-435-4390 | **Phone:** +1-703-234-4079

AED taxpayer ID#: 36-3929097