

2021 Professional Membership Agreement

Carolina Resource Center for Eating Disorders (CRC for ED) is pleased you are interested in Professional Membership. Participating professionals actively engaging in this unique and collaborative partnership are vital to each member, our organization, and most importantly the people we serve. Together, we can increase awareness of eating disorders, strengthen access to eating disorders treatment, and align with our collective vision for the people we serve by sharing our various skills and expertise. We thank you for partnering with us and the other Professional Members, and for making a real and lasting difference in the lives of those impacted by eating disorders.

Overall Policies and Procedures

Professional Members are expected to maintain integrity in the field of eating disorders by following guidelines of professionalism with respect to their licensing boards and the public.

Exemplary conduct in professional efforts is expected at all times. Courtesy, honesty, and a willingness to engage with fellow members is also encouraged.

Professional Members are committed to staying abreast of current developments in the field of eating disorders through Continuing Education and encouraging participation in, and/or taking part in, our organization's local programming.

Our collective goal is to be a catalyst for disordered eating education, resources, support, and advocacy; and to exchange ideas to further our mutual goals.

Use of the Membership Logo

For those interested in using our logo to show your involvement/support, please contact the director to obtain the files you need for the platform you are using (ie: print or web based and file type). This logo must be used in its entirety, without editing except for size.

Membership Benefits

- Communication from CRC for ED about events, conferences, continuing education, and more.
- Access to the Professional Member Google Group to communicate with other eating disorders professionals.
- Inclusion in CRC for ED's website Treatment Directory.
- Practice information included in CRC for ED's resource area and provided by email/scan, mail, or phone to people who request treatment referrals from our Helpline. Please keep this information current and replenished.
- Discount for our Annual HEAL Conference and any other professional development programming.

- Inclusion in professional networking opportunities primarily collaborative 'networking' events with our treatment center partners. We will continue to offer this in coordination with HEAL and another time during the year that works well for our treatment center partners.
- Recognition as an eating disorders clinician and an official professional network member.

Annual Dues and Application

The annual individual membership fee for 2021 will remain \$160. Group practices with three or more clinicians joining the network will receive a 5% discount from their total. Each year Professional Members will have the opportunity to renew their memberships. However, should the application/re-application and dues not be remitted within a timely manner without special permission (less than 60 days from the dissemination of the renewal form,) Professional Membership will be withdrawn.

Cancellation

Organizational Members may cancel this membership at any time in writing with the understanding that use of the organization's logo is immediately terminated. In the event that a Professional Member chooses to cancel their membership, the annual membership fee is non-refundable.

Acknowledgement: As a Professional Member, I agree to abide by the terms of agreement for membership, including ethical standards, use of logos, and other expectations as outlined in the Membership Agreement. The organization reserves the right to decline or terminate membership for actions that contradict or harm its mission and/or reputation. I recognize that the organization has the right to refuse membership or to revoke membership status and that no refund will be provided if membership is revoked for mis-, mal- or nonfeasance.

Name: _____

Signature:_____

Date: _____