Carolina Resource Center for Eating Disorders

2027 Professional Membership Agreement

We are pleased that you are interested in Professional Membership with us. Participating professionals who actively engage in this unique and collaborative partnership are vital not only to each member but also to our organization and, most importantly, to the individuals we serve. Together, we can increase awareness, strengthen access to treatment, and align with our collective vision by sharing our diverse skills and expertise. Thank you for partnering with us and other Professional Members to make a real and lasting difference in the lives of those impacted by eating disorders.

Policies and Procedures for CRC for ED's PMN (Professional Member Network)

1. **Professional Integrity**
    - Professional Members are expected to maintain integrity in the field of eating disorders by adhering to the guidelines of professionalism set by their licensing boards and the public.
    - Exemplary conduct in professional efforts is expected at all times, including courtesy, honesty, and a willingness to engage with fellow members.
2. **Continuing Education**
    - Members are committed to staying informed about current developments in the field of eating disorders through Continuing Education (CEs) and by participating in our organization's programming.
3. **Collective Goals**
    - Our shared objective is to be a catalyst for education, resources, support, and advocacy related to disordered eating and eating disorders, while exchanging ideas to further our mutual goals.

Use of the Membership Logo

- Members interested in using the PMN/CRC specialized logo to demonstrate involvement or support should contact the director to obtain the necessary files for their chosen platform (e.g., print or web-based).
- The logo must be used in its entirety, without alterations except for size adjustments.

Membership Benefits

- **Communication**: Receive updates from CRC for ED about events, conferences, continuing education, and more.
- **Google Group Access**: Gain access to the Professional Member Google Group to communicate with other eating disorders professionals.
- **Treatment Directory**: Inclusion in CRC for ED's website Treatment Directory, with direct referrals provided when appropriate.

- **Discounts**: Enjoy discounts for our Annual HEAL Conference and other professional development programming.
- **Networking Opportunities**: Participate in professional networking opportunities, primarily collaborative events with our treatment center partners, coordinated with our HEAL Conference and other suitable times throughout the year.
- **Professional Recognition**: Receive recognition as an eating disorders clinician and an official member of the professional network.

Annual Dues and Application

As promised, membership fees have increased for the first time this year, by just under 18%, from $160 to $188. First-time members may receive a 25% new member discount, bringing their membership fee to just $141.

Each year, Professional Members will have the opportunity to renew their membership. However, if the renewal application and dues are not submitted by the January 1, 2027 deadline, Professional Membership will be withdrawn.

Cancellation

Organizational members may cancel their membership at any time by providing written notice, with the understanding that the use of the organization's logo will be immediately terminated. In the event that a Professional Member chooses to cancel their membership, the annual membership fee is non-refundable.

Professional Conduct Questionnaire:

1- Have you ever had a professional license restricted, suspended, revoked, disciplined, or otherwise acted against in this or any other state?
__Yes __No
If yes, was this more than 5 years ago? __Yes __No

2- Have you ever been found by a licensing, certifying, or professional standards board or agency to have violated licensing, certification, or professional practice standards?
__Yes __No
If yes, was this more than 5 years ago? __Yes __No

3- Has any professional liability insurance carrier ever canceled or refused to provide coverage, increased your rates due to unusual risk, or excluded any procedures from coverage?
__Yes __No

4- Do you currently have any professional conduct investigations pending?
__Yes __No

Acknowledgment

As a Professional Member, I agree to abide by the terms of the membership agreement, including ethical standards, the use of the logo, and other expectations 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 acknowledge that the organization has the right to refuse membership or revoke membership status, and that no refund will be provided if membership is revoked due to misfeasance, malfeasance, or nonfeasance. Initials: _____

To process digitally, please follow this link: CRC for ED 2027 Professional Member Network.

****Note the processing & transaction fees for credit card payment*****

For paper processing, see below

Name: _____

Signature:_____

Date:_____

Address:_____

City:_____State:_____Zip:_____

Telephone:_____

Contact Email Address:_____

Please check the form of payment

____Enclosed is my check made payable to: Carolina Resource Center for Eating Disorders (CRC for ED)
____Process payment with this credit card ***plus the processing/transaction fees =***
manual entry fees 3%

Name on Card:_____

CC Number:_____

Expiration Date:_____/_____ CVV:_____

Signature:_____

Commitment deadline to receive full membership benefits is January 1, 2027
Please scan and email this form to info@crcfored.com OR mail it to:
Carolina Resource Center for Eating Disorders
PO Box 18103
Asheville, NC 28814