



Eating Disorder Task Force of Indiana
Associate Membership Application Form
Un-licensed professionals and students

Demographic Information

Name: _____

Current Employer and Job Title: _____

Business Mailing Address: _____

Business E-mail Address: _____

Business Telephone: _____ Business Fax: _____

Discipline: _____

**The above information will be published on the EDTFI website and be made public*

Documentation needed for associate membership:

1. A copy of your resume
2. A brief cover letter highlighting background and interest in joining EDTFI

Disciplinary history:

Have you ever been subject to disciplinary action by a professional organization, hospital, or institution? Yes ___ No ___

If yes please explain: _____

Applicant Signature _____ Date _____

*Email the above documentation and this completed and signed application to membership@edtfi.org

Note: The EDTFI membership committee currently meets every 6 weeks to review applications.