

Education/Training/Certificates:

Optional - Have you received any awards or honors that you would care to mention?

How do you feel The Alliance for Eating Disorders Awareness would benefit from your involvement on a committee?

Skills, experience and interests (Please circle all that apply)

- | | |
|----------------------------------|--------------------|
| Finance, accounting | Special events |
| Public speaking | Grant writing |
| Administration, management | Fundraising |
| Nonprofit experience | Outreach, advocacy |
| Program evaluation | Other _____ |
| Public relations, communications | Other _____ |
| Education, instruction | Other _____ |

Please tell us anything else you would like to share. _____

**Please complete the application and return it to The Alliance.
Thank you very much!**

The Alliance for Eating Disorders Awareness

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