Student/Professional Application For SPEAK 2014-2015

Membership Type:  Student _____ *Professional _____ Community _____

Last Name: __________________________ First Name: _______________________

Today’s Date: _______________________ Date of Birth: ______________________

Address: ______________________________________________________________

City: _____________________________ State: _____ Zip Code: _____________________

Phone Number: ______________________ E-mail:_____________________________

Current or Completed Education:

University affiliation (if any): ____________________________________________

Major/Year in School: __________________________________________________

Expected or completed date of graduation: __________

*Professional credentials: __________

Would you like to be listed on the SPEAK treatment referral list? ____ Y _____ N

How did you find out about SPEAK (be specific) and why are you interested in joining SPEAK? How involved would you like to be in SPEAK during the 2014-2015 Academic Year?

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

$15 Annual Membership Fee:

** There is a $15 annual fee that must be included with your application. Please put the application and payment by mail to the address listed below or website portal. Thanks for your interest!

Attn: Nick Galli and SPEAK
Dept. of Health Promotion and Education
1901 E. South Campus Dr. #2142
SLC, UT 84112

SPEAK
Students Promoting Eating disorder Awareness and Knowledge
SPEAK Membership Guidelines

1. All interested persons 18 years or older must complete an application and pay an annual fee to be considered a member of the team and participate in team outreaches, research projects, or activities.

2. All members must adhere to the rules and guidelines in the team’s Constitution. Any written or spoken representation of SPEAK should be approved and supervised by the faculty advisor.

3. Members are encouraged to attend all monthly team meetings.

4. Members should provide current contact information to the Membership Director (Alexis Jessop) to ensure team records are up-to-date.

5. Participation in outreach, research and/or SPEAK activities is encouraged and expected. Please sign up for activities only if you are able to commit.

6. All members are encouraged to bring up ideas, thoughts, and questions at any of the team meetings.

7. Any concerns or comments will be addressed in private to any of the team officers or faculty advisor (Dr. Nick Galli).

8. All SPEAK activities are considered service-based and educational. There should be no charge for any products or services provided by SPEAK.

9. SPEAK cannot run support groups or counseling. Individuals in need of counseling services should be referred to SPEAK treatment resource list or University of Utah Counseling Center.

I have reviewed and agree to abide by the above SPEAK membership guidelines:

_____________________________________
Member Signature

SPEAK
Students Promoting Eating disorder Awareness and Knowledge