



**LETTER OF RECOMMENDATION FOR MEDA'S PROFESSIONAL MEMBERSHIP NETWORK**

*Thank you for taking the time to fill out this brief letter to inform us of your recommendation of this applicant as a professional member with the Multi-Service Eating Disorders Association. MEDA is a nonprofit organization dedicated to treatment of eating disorders and disordered eating. Please indicate if you would recommend this applicant as a professional with experience in the field of eating disorders:*

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**Your Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Briefly state how long and in what capacity have you known this applicant?:**

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**Please Circle One:**

**YES / NO:** I am confident this individual has experience treating eating disorders.

**YES / NO:** I work in the field of eating disorders.

**YES / NO:** I am currently a MEDA Professional Member.

**Please Check One:**

I would recommend this individual for professional membership with MEDA.

I have reservations about recommending this person.

**Any further comments about this applicant:**

**Recommender's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return letters to MEDA 288 Walnut St. Suite 130, Newton, MA 02460  
Or e-mail to [membership@medainc.org](mailto:membership@medainc.org)*