

Name: _____

Name of Employer: _____

Address: _____

Address2: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____

(Please indicate if this is a home or work address)

May we contact you in the future to learn more about how TCME can assist you to include mindful eating into new and existing programs? Yes No

Primary Professional Practice

- Physician level provider or Psychiatrist: MD/DO
- Provider, non-physician level: NP, PA,
- Nurse: RN
- Registered Dietitian/Nutritionist: RD, CNN
- Psychologist/Psychotherapist: PhD, PsyD, and EdD
- Mental Health Worker: LCSW, MA
- Sustainability/Environmental Focus Teacher/Health Educator
- Other _____

INDICATE WHICH MEMBERSHIP LEVEL YOU ARE INTERESTED IN

Professional Membership - ~~\$60~~ \$40 (introductory offer) - Learn more about mindful eating and ways to bring this wisdom into your daily work.

Student Membership - \$25 - TCME welcomes individuals who are currently enrolled in a degree-granting program to learn more about mindful eating. Verification of current enrollment in degree granting institution required. Please send one of the following: A letter from professor with contact phone number, a copy of current student ID or a copy of recent tuition bill to TCME 63 Freeman Hall Road, Nottingham NH 03290.

PAYMENT INFORMATION

Please make all checks payable to:
The Center for Mindful Eating
P.O. Box 88
West Nottingham, NH 03291