

**HOUSTON EATING DISORDERS SPECIALISTS  
LETTER OF RECOMMENDATION**

Dear \_\_\_\_\_ (please print name of reference),

\_\_\_\_\_ (name of applicant) has applied for membership in our organization and has listed you as a reference. We would appreciate your response to the following questions:

1. How long and in what capacity have you known the applicant? \_\_\_\_\_

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2. Would you recommend the applicant for membership in HEDS?      \_\_\_Yes      \_\_\_No

3. Additional Comments: \_\_\_\_\_

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\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Member of HEDS? (Yes/No)

**\*\*APPLICANT:** Deliver the recommendation letter to your professional references of choice. Return completed application with two letters of professional recommendation, including one from a member of HEDS, and payment to the following address.

**YOU MAY FAX OR MAIL FORM TO:**

**Houston Eating Disorders Specialists**

**Attention: Membership Committee**

**1501 Crocker, Suite 1**

**Houston, TX 77019**

**713-630-0701**

**Fax 713-630-0821**