



IOCDF Professional Membership Group Pricing Agreement

The International OCD Foundation (IOCDF) is excited to extend a new benefit of its Institutional Membership program: Group discounts for staff clinicians to become or renew individual Professional Membership with the IOCDF when the Institutional Member covers payment.

Volume Pricing:

- First 5-25 staff clinicians to join/renew = \$140/year
- Next 26-100 staff clinicians to join/renew = \$125/year
- All additional (101+) staff clinicians to join/renew = \$100/year

Standard IOCDF Professional Membership is \$150/year from date of purchase

Discount Policy:

- This group pricing discount is a pilot benefit specific to the 2025 calendar year
- The IOCDF has the right to change the pricing structure of this benefit or discontinue this pilot benefit in its entirety after the 2025 calendar year
- Discounted membership fees must be paid for by the Institutional Member organization in bulk when invoiced; this invoice is billed separately from the 2025 Inst. Membership fee
- Discounted Professional Memberships will run for the calendar year; In the event a participating staff clinician ends their employment with the clinic in this agreement, the IOCDF will review on a case-by-case basis if a replacement staff clinician should take up the exiting clinician's remaining professional memberships benefits

Eligibility

To receive the discounted group pricing:

- Minimum of five (5) new or renewed Professional Memberships
- The organization must be an active Institutional Member of the IOCDF
- Staff clinicians must be active employees of the participating Institutional Member organization
- Staff clinicians must use the designated discount code provided by the IOCDF when joining/renewing
- Staff clinicians must have their license information verified by filling out the official Professional Membership Join/Renewal form by January 31, 2025*:
 - Optional: To list their services in the comprehensive IOCDF Resource Directory, all staff clinicians must also fill out the Treatment Provider Listing form (sent via confirmation email)

| * For the 2025 inaugural year, | the deadline has | been extended to | o March 28, | 2025 |
|-------------------------------------|------------------|------------------|-------------|------|
| Discounted Pricing Terms and | Conditions | | | |

I agree to the policies outlined above and understand the eligibility requirements to receive this Institutional Member group pricing benefit:

| <contact name=""></contact> | Date |
|-----------------------------|-----------------------------------|
| CONTACT TITLE | INSTITUTIONAL MEMBER ORGANIZATION |

<CONTACT TITLE>, <INSTITUTIONAL MEMBER ORGANIZATION>