

AUSTIN SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

2015-2016 APPLICATION FOR MEMBERSHIP/RENEWAL OF MEMBERSHIP

Please complete the entire form even if you are renewing your membership.
All information listed below will be included in our online Membership Directory.

First Name _____ Last Name _____

Office Street Address _____

Office City _____ Office State _____ Office Zip _____

Office Phone _____ Office Fax _____

Email Address _____ Member of APA Division 39? Y N

Current Professional Employment _____

Degree (please circle): MD DO PhD PsyD EdD MSW MA MS

Other: _____

Licensure (please circle): MD DO PhD PsyD EdD LMSW LCSW LPC-I LPC LMFT LPA

Other: _____

License Number: _____

Membership Categories

____ Full Member Annual Dues: \$75

A full member is a mental health professional with a master's degree or higher (e.g. psychiatrist, psychologist, social worker or licensed professional counselor) with an interest in psychoanalytic theory and treatment as evidenced by the pursuit of on-going education, research and/or professional training in this area. Full members must also be licensed or certified, provisionally licensed, or license-eligible in their respective disciplines.

____ Student Annual Dues: First year free; \$25 thereafter

Student members must be currently enrolled in an accredited academic mental health program.

Voluntary Contribution

____ ASPP encourages its full members to consider making voluntary monetary donations, in whatever amount, to increase the organization's ability to provide analytic training and/or research stipends to students and early career professionals.

Total \$ _____

Signature _____ Date _____

Mail to: ASPP
PO Box 162082
Austin, TX 78716

Please fill out or go to www.asppaustin.org to join or renew online.

Professional specialties:

(please check your top 6 for inclusion in the online directory)

- | | |
|--|--|
| <input type="checkbox"/> Academic/Research Setting | <input type="checkbox"/> Loss or Grief |
| <input type="checkbox"/> Addiction/Substance Abuse | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Multicultural Issues |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Obsessive-Compulsive Disorder (OCD) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Parenting/Family Concerns |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Personality disorders |
| <input type="checkbox"/> Attention Deficit Disorder (ADHD) | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Autism spectrum | <input type="checkbox"/> Postpartum Issues |
| <input type="checkbox"/> Bipolar Disorder/Mania | <input type="checkbox"/> Psychological Assessment and Evaluation |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Psychosis |
| <input type="checkbox"/> Career counseling/Vocational | <input type="checkbox"/> Relationship issues |
| <input type="checkbox"/> Child/Adolescent Behavior | <input type="checkbox"/> Self esteem |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Self harm |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Sexual Concerns/Problems |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Spiritual Issues |
| <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Sports Psychology |
| <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Suicidality |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Trauma and PTSD |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Underachievement |
| <input type="checkbox"/> GLBT Issues | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Grief and Loss | |
| <input type="checkbox"/> Impulse Control | |
| <input type="checkbox"/> Internet Addiction | Other: _____ |
| <input type="checkbox"/> Learning Disabilities | |
| <input type="checkbox"/> Life Transitions | |
| <input type="checkbox"/> Loneliness | Other: _____ |