

The New Orleans Psychoanalytic Society Membership Categories

Membership categories have recently been expanded to include active, affiliate, adjunct, honorary, life, corresponding, psychotherapy associates and student associates.

Membership dues are used to defray costs of scientific speakers as well as administrative expenses and fees for professional continuing education credit.

We invite you to join the Society as a member of one of the following categories:

<u>Category</u>	<u>Eligibility</u>	<u>Dues</u>
<i>Active</i>	Active members of the American Psychoanalytic Association	\$250.00
<i>Affiliate</i>	Analytic Candidates in Training	\$50.00
<i>Adjunct</i>	Persons interested in psychoanalytic principals however not eligible for membership in the American Psychoanalytic Association	\$50.00
<i>Corresponding</i>	Those who are members of other Affiliate Societies and would like to assume membership with our Society	\$50.00
<i>Psychotherapy Associates</i>	Persons interested in psychoanalytically informed psychotherapy however not eligible for membership In the American Psychoanalytic Association	\$50.00
<i>Student Associates</i>	Students in any academic discipline who are interested in psychoanalytic principals (medical, Psychology graduate students, etc.)	\$25.00

If you have any questions please call 899-5815, fax 899-5886
or email any questions to info@nopsya.org

The New Orleans Psychoanalytic Society Membership Application

Name: _____

Office Address: _____

Home Address: _____

Office Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail Address: _____

Professional Credentials: _____

Professional Affiliations: _____

Please list 2 references whom are familiar with your professional work with whom we can make contact.

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Category - *Please refer to the list above to appropriately identify your category.*

Active____ Affiliate____ Adjunct____ Corresponding____

Psychotherapy Associate____ Student Associate____

Please complete this application and return it with your check for the appropriate dues amount, indicating which category you are applying for.

- Your application will be reviewed and voted on by the general membership at the next Society meeting.
- You will be notified immediately regarding your acceptance.

Please mail your check and application to:

**New Orleans Psychoanalytic Society
3624 Coliseum Street
New Orleans, LA 70115**

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