CLEVELAND
PSYCHOANALYTIC CENTER

APPLICATION FOR MEMBERSHIP

Date of Application_____

Application for: _____Active Membership

_____Candidate Membership

_____Student/Early Admission Membership (non-voting)

_____Affiliate Membership (non-voting)

Name_____

Address:

Please send correspondence to my:

☐ work ☐ home

_____	_____
_____	_____
_____	_____
City, State, Zip+4	City, State, Zip+4
_____	_____
Telephone	Telephone
_____	_____
Fax	Fax
_____	_____
E-mail	E-mail

Cleveland Psychoanalytic Center
2460 Fairmount Boulevard #312
Cleveland Heights OH 44106-3164

Voice (216) 229-5959
Fax (216) 229-7321
www.psychoanalysiscleveland.org

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PSYCHOANALYTIC CENTER

Present Professional Position_____
Title, Institution

Graduate Degree_____
Institution, Major, Degree Received, Year Granted

Post Graduate Training _____
Institution, Major, Degree Received, Year Granted

_____
Institution, Major, Degree Received, Year Granted

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Institution, Major, Degree Received, Year Granted

_____
Institution, Major, Degree Received, Year Granted

License(s)

_____
License Type, State, Date

_____
License Type, State, Date

Specialty Certification(s)

_____
Certification Type, Certifying Body, Date

_____
Certification Type, Certifying Body, Date

Are you a member or an Associate Member of any other Psychoanalytic institution?
_____ Yes _____ No

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If yes, please include organization name and date of membership:

_____

Please attach resume or curriculum vita which includes the following:

- ✓ **Titles and dates of past and present teaching and clinical appointments**
- ✓ **Committee memberships**
- ✓ **Professional organization memberships**
- ✓ **Scientific publications including bibliographic references**
- ✓ **Psychoanalytic papers presented or published**

If any of items above is not in the curriculum vita, please include the information below or on a separate sheet.

Please add below or on a separate sheet any additional information pertinent to your application not included elsewhere.

_____

_____

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I have read the accompanying Code of Regulations and agree to abide by all provisions regarding the responsibilities and duties of members.

_____ _____

Applicant Signature Date

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