



APPLICATION FOR MEMBERSHIP

Date of Application _____

- Application for:**
- _____ Active Membership
 - _____ Candidate Membership
 - _____ Mental Health Professional Membership
 - _____ Student Membership (non-voting)
 - _____ Affiliate Membership (non-voting)
 - _____ Out of Town 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



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

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**

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.



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