



NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOANALYSIS

850 SEVENTH AVENUE - SUITE 800 - NEW YORK, NEW YORK 10019-4718

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APPLICATION FOR CANDIDATE MEMBERSHIP

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (Home) _____ (Business) _____

Email _____

Candidate Membership is available to students at an ABAP accredited or equivalent institute who are approved to work with patients under supervision at their institute's clinic or treatment service.

Yes ___ I have requested my training institute to send confirmation to NAAP of my enrollment and/or my approval to work with patients under supervision.

Yes ___ I am interested in joining the Analyst-in-Training Committee.

Name of Institute _____

Location _____ Dates of attendance: From _____ to _____

Academic and Professional Training

University Name (Highest Degree)

_____ Major _____ Degree _____ Year _____

Professional Experience

Organization	Dates	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read the NAAP Code of Ethics and as a condition of membership agree to abide by these standards of professional conduct.

\$80.00 Please indicate CHECK ___ PAYPAL ___

CREDIT CARD# _____ Expiration Date _____ Security Code _____

Please return with your dues to: NAAP, 850 Seventh Avenue, Suite 800, New York, NY 10019-4718

DATE _____ SIGNATURE _____