



APPLICATION FOR ORGANIZATIONAL MEMBERSHIP

1. Please fill out the following application
2. Enclose a brochure or catalogue from your organization
3. Send any information of current educational endeavors, events, or programs

Please Check:			
<input type="checkbox"/> ABAP Accredited Psychoanalytic Institute	<input type="checkbox"/> Psychoanalytic Institute Not ABAP Accredited	<input type="checkbox"/> Psychoanalytic Psychotherapy Training Institute	<input type="checkbox"/> Educational Organization Using Psychoanalytic Principles

Name of Organization _____

Address _____
NUMBER STREET

CITY STATE Zip+4

Telephone _____ Fax _____

Email _____ Website _____

Name of Director _____

ORGANIZATIONAL MEMBERSHIP

Organizational Membership is open to any organization:

- that supports the educational and training endeavors of psychoanalysts from different perspectives and encourages a dialogue among those perspectives,
- that promotes research in the analytical domain,
- whose philosophy articulates the theory, practice, and applications of psychoanalysis,
- that is involved in interpreting and understanding the field of psychoanalysis,
- that wishes to collaborate with other psychoanalytic organizations to help understand new developments in psychoanalysis.

My check for \$505.00 payable to NAAP for annual membership dues is enclosed.

Date _____ Signature _____

Please return to:

NAAP
850 Seventh Avenue, Suite 800
New York, NY 10019-4718