



NATIONAL ASSOCIATION for the ADVANCEMENT of PSYCHOANALYSIS

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

Tel: (212) -741-0515 – E-mail: naap@naap.org - Website: www.naap.org

APPLICATION FOR RESEARCH, ACADEMIC, AND MENTAL HEALTH AFFILIATE MEMBERSHIP

This special category of membership is open to:

- Research Scientists whose research is relevant to the profession of psychoanalysis;
- Educators and Educational Institutional Administrators who have a psychoanalytic orientation; and
- Mental health professionals who are interested in the application of psychoanalytic theory or technique.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (Mobile or Business): _____ Email: _____

Academic and Professional Training: _____

Kindly provide the data requested in the membership category selected.

I wish to apply as a:

☐ **Research Scientist** (Indicate nature of research, titles of papers, books, etc.)

☐ **Educator or Educational Institution Administrator** (indicate name of employer, job title, and description)

☐ **Mental Health Professional** (Indicate name of employer, job title, and description or if in private practice- professional title).

Please submit verification of eligibility for membership in the category selected. (Examples: Relevant research paper, Statement of employment and/or job description.)

\$105.00 Annual Dues. Please indicate payment: ☐ Check ☐ Credit card ☐ PayPal ☐ Zelle

CREDIT CARD#: _____ Expiration Date: ____ / ____ CVC: _____

Date _____ Signature _____