



ACADEMIC ASSOCIATE MEMBERSHIP APPLICATION

Application deadlines: May 15 for the Annual (spring) Meeting or
December 31 for the National (winter) Meeting

Instructions: Please complete and send 2 copies along with the \$50 application fee by deadline to:
American Psychoanalytic Association, 309 East 49th St, New York, NY 10017-1601
Questions? Contact APsA's Membership Services: 212-752-0450 x26 ● EMAIL: membership@apsa.org

APsA ID:

I. PERSONAL/BIOGRAPHICAL INFORMATION	
Name:	Degree (i.e. MD, PsyD, MSW, etc.):
<input type="checkbox"/> PRIMARY MAILING ADDRESS All Association mail & journals will be sent to this address. () Business -or- () Home [check-off]	Home or Secondary Mailing Address [Optional] () Business -or- () Home [check-off]
Address: ¹	Address:
Line 2:	Line 2:
Line 3:	Line 3:
City, State, Country:	City, State, Country:
Zip+4:	Zip+4:
Office Telephone:	2nd Office Telephone:
Home/Alt./Cell Telephone: ²	Fax: ³
Email Address: ⁴	Website:

Date of Birth: <i>(Optional)</i>	
Name of Spouse/Partner: <i>(Optional)</i>	Marital Status: <i>(Optional)</i>
EDUCATION	
1. Undergraduate Degree / School:	Year of Graduation:
2. Graduate Degree / University:	Year of Graduation:
Other Graduate Training:	Year of Graduation:
3. Professional Certification Year:	Date:
4. Professional License (Number / Licensing Body/Field):	License (State / Date):
5. APsA INSTITUTE/CENTER Name:	Beginning Year / Completion of Training:

6. Teaching Positions:	
Title:	Date(s):
Title:	Date(s):
Title:	Date(s):



Applicant:

7. Administrative Position(s) (include dates):	Date(s):

8. Describe Current Professional Activities (include application of psychoanalytic education):

9. Publications (give bibliographical references):

10. Research Activities:

11. Institute Center & Society Activities:
a. Scientific Presentations:
b. Committee Participation:
c. Teaching:
d. Research:

12. Letters of Recommendation: Please include 2 Letters of Recommendation along with your application.	
Name Letter 1:	Name Letter 2:

THIS SECTION TO BE COMPLETED BY THE SPONSORING INSTITUTE/CENTER

13. Institute/Center Name:

Name of Applicant:

PLEASE GIVE A BRIEF DESCRIPTION OF:

a. The Academic Program that the applicant enrolled in and completed at your Institute/Center. Please ATTACH a brief description of the Academic Program that the Applicant completed and if available, please attach curriculum:

b. Continuing involvement with Institute, Center and/or Society since completion of training:

c. Knowledge you have about how the academic training has been applied since completion of program:

d. Additional Comments:

APPLICANT

I hereby certify that to my knowledge:

1. Have there ever been any finding of unethical or unprofessional conduct?
 No / Yes
2. Are there any current or pending charges or allegations of unethical or unprofessional conduct?
 No / Yes

If you answered YES to either question, please explain (add pages if needed)

Signature (applicant):

Date:

SPONSORING INSTITUTE

I hereby certify that the data regarding institute matriculation and the applicant's institute and society activities are in accordance with the records of this institute and further certify that to the best of my knowledge the character and professional ethics of the applicant are compatible with affiliation as an Academic Associate.

Signature (Director or Chair, Education Committee):

Date:

Print Name and Title: