

MEMBER INFORMATION			
Last Name		First	Degree
License Type/Number/State			

EMAIL AND WEB	PUBLIC (WHETHER THIS INFORMATION WILL BE SHARED WITH OTHER NCSPP MEMBERS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email Address		Alternate Email Address		
Website Address				

OFFICE 1 (MAILING ADDRESS)	PUBLIC (WHETHER THIS INFORMATION WILL BE SHARED WITH OTHER NCSPP MEMBERS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address:		Apartment/Unit #		
City	State		Zip	
Phone	Fax		Mobile	

OFFICE 2	PUBLIC (WHETHER THIS INFORMATION WILL BE SHARED WITH OTHER NCSPP MEMBERS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address:		Apartment/Unit #		
City	State		Zip	
Phone	Fax		Mobile	

PERSONAL ADDRESS	PUBLIC (WHETHER THIS INFORMATION WILL BE SHARED WITH OTHER NCSPP MEMBERS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address:		Apartment/Unit #		
City	State		Zip	
Phone	Fax		Mobile	

PROFESSIONAL INFORMATION	PUBLIC (WHETHER THIS INFORMATION WILL BE SHARED WITH OTHER NCSPP MEMBERS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Specialties:				
<input type="checkbox"/> APA MEMBER	<input type="checkbox"/> Div 39 Member	Year Became Licensed		
Graduation School/Affiliation:				
How Did You Hear About NCSPP?				

MEMBERSHIP CATEGORIES AND DUES	
<input type="checkbox"/>	MEMBER (\$105.00) All licensed mental health professionals who have an interest in psychoanalysis and/or psychoanalytic psychotherapy. Member status does not, by itself, imply competence to practice psychoanalysis and/or psychotherapy.
<input type="checkbox"/>	ASSOCIATE MEMBER (\$50.00) Individuals, not currently students, who are not licensed in any of the mental health disciplines, or who are no longer practicing in any of the mental health disciplines, or who live out of state (and thus are unable to take advantage of our programs in person).
<input type="checkbox"/>	STUDENT (\$25.00) Individuals currently enrolled in an undergraduate or graduate school in a mental health discipline. Must include a copy of current student ID.

PAYMENT METHOD:	<input type="checkbox"/> CHECK PAYABLE TO NCSPP	CREDIT CARD		
		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
Credit Card Number : _____ - _____ - _____ - _____	Expiration Date		Security Code	
Name As It Appears On Card				
Billing Address/City/Zip				
Signature				