



SOUTHEAST FLORIDA ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGY

A CHAPTER OF THE DIVISION OF PSYCHOANALYSIS (39) OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

SEFAPP DUES:

- **Professional** - \$90
- **Early Career** - \$60 *(Unlicensed professional who has graduated in the past three years)*
- **Student** - \$30 *(Include copy of current I.D.)*
- **Retired** - FREE

2017 Membership Form

DATE: _____

Last Name: _____ First: _____

Encircle degree(s): A.B.P.P., B.A., B.S., CAP, L.C.S.W., L.M.F.T., L.M.H.C., M.A., M.D., M.Ed., M.S., M.S.N., M.S.W., Ph.D., Psy.D., R.N., OTHER: _____

License(s) No: _____ State(s): _____ RETIRED

The Online SEFAPP Member's Directory (www.sefapp.org) is used as a professional resource for referral information, consultative purposes, and to enhance communication among the membership.

Check all for posting on SEFAPP Website Directory:

Name Address City, State, Zip Office Phone Fax Cell Phone
 E-mail Website Office #2 Home Phone

I DO NOT WISH TO BE POSTED ON THE WEBSITE

(OFFICE #1) Street & Suite: _____

City: _____ State: _____ Zip: _____

Office Phone: (_____) _____ Fax: (_____) _____

E-mail: _____

Please enter your email address for important event notices

Pager: (_____) _____ Cell Ph.: (_____) _____

Website: _____

(OFFICE#2) Street & Suite: _____

City: _____ State: _____ Zip: _____

Office #2 Phone (_____) _____ Office #2 Fax (_____) _____

PLEASE COMPLETE IMPORTANT INFORMATION ON BACK

ENCIRCLE "Professional Activity Codes" and LIST foreign language(s) spoken below to include for listing on the SEFAPP Online Membership Directory:

Professional Activity Codes:

AT	Adolescent Therapy	PA	Psychoanalysis
CPT	Couple Therapy	PET	Psycho-Educational Evaluation
CT	Child Therapy	PP	Private Practice
FT	Family Therapy	PSY	Psychiatry/Pharmacology
HC	Hospital, Clinic	PT	Psychological Evaluation
NT	Neuropsychological Evaluation	Univ.	Teaching, School, Research
P	Psychodynamic Psychotherapy		

Other: (please print)

Language(s) other than English proficient in: _____

Are you a current member of Division 39 of A.P.A.? NO YES

If yes, please circle Section(s) I, II, III, IV, V, VI, VII, VIII, IX _____

PLEASE MAKE CHECK PAYABLE TO "SEFAPP" AND MAIL TO THE ADDRESS BELOW OR SUBMIT THIS FORM WITH PAYMENT AT THE REGISTRATION TABLE:

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