



The Southeast Florida Association for Psychoanalytic Psychology
 Local Chapter—Society for Psychoanalysis and Psychoanalytic Psychology:
 Division 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

2023 Membership Form

RENEWAL / **NEW**

Name: _____

Date: _____

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: (IF APPLICABLE) _____ 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

OR ATTACH BUSINESS CARD WITH INFORMATION

(OFFICE #1) Street & Suite: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____

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

Website: _____

(OFFICE#2) Street & Suite: _____

City: _____ State: _____ Zip: _____

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

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 | |

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

PAYMENT OPTIONS: CHECK PAYABLE TO "SEFAPP", MAIL TO: SEFAPP Administrator: 11785 E 28th Pl, Yuma, AZ 85367

SUBMIT THIS FORM WITH PAYMENT AT ANY EVENT, OR REGISTER ONLINE AT OUR WEBSITE: WWW.SEFAPP.ORG