



# The Southeast Florida Association for Psychoanalytic Psychology (SEFAPP)



Local Chapter – Division 39 / American Psychological Association

ONLINE MEMBERSHIP IS AVAILABLE AS WELL

### 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

## 2019 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](http://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: \_\_\_\_\_

*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 (\_\_\_\_\_) \_\_\_\_\_

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

PLEASE MAKE CHECK PAYABLE TO "SEFAPP" AND MAIL TO SEFAPP 10803 S. Plaza Del Oro, Yuma, Az 85367  
OR SUBMIT THIS FORM WITH PAYMENT AT THE REGISTRATION TABLE AT ANY EVENT