



The Southeast Florida Association for Psychoanalytic Psychology
 Local Chapter—Society for Psychoanalysis and Psychoanalytic Psychology:
 Division 39 of the 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

2021 Membership Form

Circle One: **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: _____

Please enter your email address for important event notices

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 OR ONLINE