

**MICHIGAN PSYCHOANALYTIC COUNCIL**  
**MEMBERSHIP RENEWAL BY MAIL**

WE WELCOME ALL PERSONS INTERESTED IN PSYCHOANALYSIS TO BECOME A MEMBER

**MEMBERSHIP CATEGORIES**

FULL MEMBER – \$125 – for those in active practice

RETIRED/INACTIVE – \$50 – for those who no longer practice yet wish to continue their affiliation with Michigan Psychoanalytic Council

Student Member –\$40 – for graduate students or psychiatric residents. We can waive your annual dues for student members upon request.

Special - Greatly reduced dues available to new practitioners who have graduated within the past three years. Please ask for more information if you would like to explore this option.

**ANNUAL ANALYST CERTIFICATION**

FULL MEMBER– \$125.00 – Certified Psychoanalysts wishing to renew their certification

RETIRED MEMBER – \$50.00 – Retired analysts simply wishing to keep their certification

**ANNUAL PSYCHOANALYTIC PSYCHOTHERAPIST CERTIFICATION**

FULL MEMBER –\$100.00 – Those practitioners who have completed the Psychoanalytic Certification program and wishing to renew their certification

**DONATIONS:**

Please consider making a donation to your Michigan Psychoanalytic Council:

GENERAL FUND – for the support of current programs and initiatives

CUNNINGHAM LIBRARY FUND – for the development of an organizational reference library

DEVELOPMENT FUND – for the support of our organization’s and psychoanalytic long-term initiatives

EMERGENCY FUND – in support for members with financial constraints

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**NAME:** \_\_\_\_\_

**2011 – 2012 MEMBERSHIP RENEWAL:**

\_\_\_ FULL MEMBER –\$125.00 ..... \$ \_\_\_\_\_  
\_\_\_ RETIRED MEMBER –\$50.00 ..... \_\_\_\_\_  
\_\_\_ STUDENT MEMBER –\$40.00 ..... \_\_\_\_\_

**2011 – 2012 ANALYST CERTIFICATION:**

\_\_\_ FULL MEMBER –\$125.00 ..... \_\_\_\_\_  
\_\_\_ RETIRED MEMBER –\$50.00 ..... \_\_\_\_\_

**2011- 2012 PSYCHOANALYTIC PSYCHOTHERAPIST CERTIFICATION:**

\_\_\_ FULL MEMBER –\$100.00 ..... \_\_\_\_\_

**DONATIONS:**

\_\_\_ GENERAL FUND ..... \_\_\_\_\_  
\_\_\_ CUNNINGHAM LIBRARY FUND ..... \_\_\_\_\_  
\_\_\_ DEVELOPMENT FUND ..... \_\_\_\_\_  
\_\_\_ EMERGENCY FUND..... \_\_\_\_\_

**TOTAL** ..... \$ \_\_\_\_\_

Please mail this form and your check in the enclosed envelope to: Michael Rudy. ACSW, CFP® - Treasurer – 878 South Grove Street; Ypsilanti, MI 48198