



MICHIGAN PSYCHOANALYTIC COUNCIL
Membership Form

Name with Credentials _____

Primary Mailing Address _____

Primary phone _____

Secondary Address _____

Secondary phone _____ Fax number _____

E-mail address (print clearly) _____

Educational Background:

Institution _____

Degree and Year Earned _____

Current Position(s): _____

Are you currently certified in Psychoanalysis? yes _____ no _____

Are you interested in training and/or certification in Psychoanalysis through MPC?

yes _____ no _____

Please describe your interests in Psychoanalysis (course work, independent study, teaching, committee work, other):

MEMBERSHIP CATEGORIES:

Full members: We welcome all persons interested in Psychoanalysis

Retired/Inactive: Those who no longer practice yet wish to affiliate with MPC

Student: Graduate students or psychiatric residents.

Please indicate status for which you are applying:

_____ **Full Member** - \$125.00 [Note: Greatly reduced dues are offered to new professionals who have graduated within the past three years. Please ask for more information if you would like this option.]

_____ **Retired Member** - \$50.00

_____ **Student Member** - \$40.00 [Note: If fee is prohibitive, please contact the Membership chair.]

ANNUAL ANALYST CERTIFICATION FEE:

Please indicate status for which you are applying:

_____ Full Member - \$125.00

_____ Retired Member - \$50.00

ANNUAL PSYCHOANALYTIC PSYCHOTHERAPIST CERTIFICATION FEE:

_____ Full Member - \$100.00

DONATIONS:

Please consider making a donation to MPC (write the amount on the appropriate line):

_____ General Fund

_____ Cunningham Library Fund

_____ Development Fund

_____ Emergency Fund (for members with financial constraints)

TOTAL ENCLOSED: _____

Please return this application and a check payable to *Michigan Psychoanalytic Council* to:

Lisa Larson, LMSW
120 E. Liberty, Suite 320
Ann Arbor, MI 48104