



MICHIGAN COUNCIL FOR
PSYCHOANALYSIS & PSYCHOTHERAPY

Name with Credentials _____

Primary Mailing Address _____

Primary Phone _____ Fax Number _____

Secondary Address _____

Secondary Phone _____

E-mail address (print clearly) _____

Educational and Professional Affiliations:

Institution _____

Degree and Year Earned _____

Current Position(s): _____

Are you currently certified in psychoanalysis? yes _____ no _____

Are you interested in training &/or certification in psychoanalysis through MCP?

yes _____ no _____

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

MEMBERSHIP CATEGORIES

ANNUAL MEMBERSHIP FEE:

_____ **Full Member - \$125**

We welcome all persons interested in Psychoanalysis. [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/Inactive Member - \$50**

Those who no longer practice yet wish to affiliate with MCPP

_____ **Student Member - \$40**

Graduate students or psychiatric residents [Note: If fee is prohibitive, please contact the Membership chair.]

ANNUAL ANALYST CERTIFICATION FEE:

_____ **Full Member - \$125**

_____ **Retired Member - \$50**

ANNUAL PSYCHOANALYTIC PSYCHOTHERAPIST CERTIFICATION FEE:

_____ **Full Member - \$100**

DONATIONS:

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

_____ General Fund

_____ Development Fund

_____ Emergency Fund (for members with financial constraints)

TOTAL ENCLOSED: _____

Please return this application and a check payable to *Michigan Council for Psychoanalysis & Psychotherapy* to:

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