

# ACP MEMBERSHIP APPLICATION

We welcome you to become a member of the Association for Child Psychoanalysis! Please complete this application and return to ACP Administrator, 900 Ranch Road 620, South – Suite C101, Austin, TX USA 78734. You may Fax to 866-534-7555 or e-mail to [childanalysis65@gmail.com](mailto:childanalysis65@gmail.com) . If you have questions about your membership, please contact us at 512-261-3422.

## ***Please print clearly***

The ACP is a community of child psychoanalysts, and others who are interested in child analytic applications to research, education and other kinds of clinical work with children and families.

## **APPLICANT:**

Name: _____	Degree: _____		
Address: _____			
City: _____	State: _____	Zip Code: _____	Country: _____
Phone: OFC _____	HM _____	Cell _____	
Email: _____			

## **MEMBERSHIP CATEGORY**

*Membership includes a copy of The Psychoanalytic Study of the Child*

- Regular Member - \$225.00 per year (USA and CANADA)
- International Regular Member \$100.00 per year
- Candidate Member - \$75.00 per year.

## **BASIS OF MEMBERSHIP**

- Place of training in child/adolescent psychoanalysis:

\_\_\_\_\_

Year of graduation/qualification: \_\_\_\_\_

## **ETHICAL STATEMENT**

If you have ever contravened the ethical standards of your field or profession, please contact the ACP office.

## **PAYMENT OF DUES MUST ACCOMPANY THE APPLICATION**

**Method of Payment (US dollars only)**

- Visa
- Master Card
- American Express
- Check - *Please mail this registration form with your check to the ACP Office.*

Card Number

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Expiration Date

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Name on Card (*Please Print*): \_\_\_\_\_

Signature

Date