<u>Metropolitan Society of Psychoanalytic Psychotherapists</u> <u>2023 Membership Application / Renewal Form</u>

Date://					
Please X where appropri	iate:				
Are you a Current or For	mer Member	rejoining	New Me	ember Applicant	
Degree: MSW	PhD	EdD	PsyD	Other, Specify:	
Name:					
Name:(Last)		(First)	(1)	Middle Initial)	
Email:					
Phone:					
Mailing address:					
ivianing address.					
Home / Office:					
Number	r / Straat)	(Cui	ita / Ant)	(Paraugh / State / Zin)	
(INUIIIDE	n / Sueet)	(Sui	ite / Apt)	(Borough / State / Zip)	
Postgraduate Training:		TEDDO.	**	N	
Are you currently a car	ndidate at M	TTPP?	Yes	No	
Are you a graduate of	MITPP?	Yes _	Ye	ar (if recent)	
Are you a graduate of	another psyc	hoanalytic ins	stitute?		
If yes, which one				and year	
Are you available and	interested in	working on a	ny projects f	and year and year or MSPP by potentially joining the Bo	ard in the
future?		,, o1111118 o11 w	ing projects r	or marr of potentially forming are 20	
Yes No		MCDD 41.	<i>(</i> 1	: 4 4: 1 1 41 4 CF	1.4
•	•		year (such as	interesting and relevant lectures, CE	credits,
ability to meet with co	lleagues in th	ne field, etc.):			
ANNUAL DUES:					
\$75 FULL MEMBERS	SHIP				
\$50 RETIREE MEMB	ER				
\$25 STUDENT MEM	BERSHIP				
Check one method of I	PAYMENT.				
via Zelle PAYF		Jenmo	or via nerso	nal check	
	AL V		or via perso	mai check	
		,		*1	
Pay to Zelle or PAYPA	AL email: M	ıspptreasi	ary(<i>a</i>)gm	ail.com _{Venmo:} @mspptrea	sury
J		1.1	<i>,</i> 00		•
Please return comp	leted meml	pership form	n with vour	payment to mspptreasury@gma	il.com or
snail mail to the add		-	J		
shan man w uit au	TICSS DEIGN	ν.			
re : 1 :	1 1 .	•			1
				"Metropolitan Society" and email for	orm as above
or snail mail a printed		form along wi	ith your chec	k to:	
Alison Hickman, MSP	P Treasurer				
29 Kuhlthau Ave					
Milltown, NJ 08850					