



APPLICATION FOR MEMBERSHIP TO AUSTIN PSYCHOANALYTIC

Name: _____

Work Address: _____

Degree: _____ Professional License: _____

Are you a member of APA Division 39? YES No

Membership Level

_____ Full Member \$75 annually

_____ Early Career Professional (within 5 years of graduation) / Institute Candidate \$50 annually

_____ First Time Student Member – FREE

_____ Student Member \$25 annually

Mail with check to: Austin Psychoanalytic

P.O. Box 162082

Austin, TX 78716