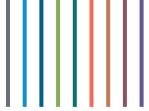


Psychotherapist Associates




309 East 49th Street
New York, NY 10017
212.752.0450 | apsaa.org

Psychotherapist Associates

A Special Category of
Affiliation with the American
Psychoanalytic Association





The American Psychoanalytic Association has established a special category of affiliation for psychoanalytic psychotherapists who hold a minimum of a master's level degree and who are licensed and/or certified by the state in which they practice.

Psychotherapist Associates are welcome to attend the rich and exciting scientific programs at APsaA's biannual meetings. These meetings provide the opportunity to meet with leading psychoanalytic thinkers in small group discussions and other formats throughout the five days of program offerings.

During the meetings, APsaA and the Committee on Psychotherapist Associates sponsor events providing opportunities for associates to greet each other as well as to meet with members of APsaA's leadership.



For an annual fee of \$100 the Psychotherapist Associate receives:

- Early announcements of the scientific program and registration material for APsaA's biannual meetings
- Discounted registration rates for APsaA meetings
- Discussion group at biannual meetings sponsored by the Committee on Psychotherapist Associates
- Subscription to the American Psychoanalyst (TAP), APsaA's magazine
- Subscription to the Psychotherapy E-Newsletter
- A special subscription rate to the Journal of the American Psychoanalytic Association (JAPA), the profession's premiere peer-reviewed journal
- Opportunity to participate in APsaA online forums
- Inclusion in the national directory of Psychotherapist Associates



Application Form

To join, simply complete this application and mail it to the address on the back with a check for \$100.00 payable to the American Psychoanalytic Association (checks must be drawn on a U.S. bank).

Individuals who qualify for full APsaA membership are not eligible to join as an associate. Visit apsa.org for information and to review the expanded membership application.

Email questions to membership@apsa.org

Name

Degree

Year Graduated & State of Licensure or Certification

Mailing Address

E-mail

Office Phone

Fax

Home/Cell Phone

YES, please include me in APsaA's Psychotherapist Associates Directory

YES, please add me to the Psychotherapist Associates online forum