



PSPP Membership Registration Form

First & Last Name (Degree Optional): _____

Full Mailing Address: _____

Email Address: _____

Are you a Division 39 member? Yes No

Please check the appropriate membership option:

___ **Associate Member - \$90.00 Annual Fee** PSPP welcomes individuals from other disciplines who have an interest in psychoanalytic or psychodynamic thought and its application in their work.

___ **Early Career Member - \$60.00 Annual Fee** I consider psychoanalytic and/or psychodynamic thought important in my work, am a trained, licensed or certified mental health practitioner at the Master's level or above, and completed my graduate training within the last seven years.

___ **Full Member - \$90.00 Annual Fee** I consider psychoanalytic and/or psychodynamic thought important in my work and am a licensed or certified mental health practitioner at the Master's level or above.

___ **Retired Member - \$20.00 Annual Fee** I consider psychoanalytic and/or psychodynamic thought important in my work, am a retired mental health practitioner or professional from a related field, and wish to remain involved in the psychoanalytic community.

___ **Student Member - \$20.00 Annual Fee** I have an interest in psychoanalytic and/or psychodynamic thought and its application, and am currently enrolled in a Doctoral, Master's or Medical Program in psychology, social work, psychiatry, or other mental.

Please mail this form and your payment to: Margaux Ketner, Psy.D.
Attn: PSPP Membership
233 Pine Street
Philadelphia, PA 19106