

INTERNATIONAL FORUM FOR PSYCHOANALYTIC EDUCATION

MEMBERSHIP APPLICATION AND RENEWAL FOR CALENDAR YEAR 2010

TYPES OF MEMBERSHIP

All memberships are based on the calendar year.

INDIVIDUAL MEMBER: \$95 US PER YEAR

IFPE's sole criterion for membership is a self-identified interest in psychoanalysis.

STUDENT MEMBER: \$50 US PER YEAR

Full-time student in graduate or undergraduate programs only; Does not apply to psychoanalytic training.

Your dues confer a special members' rate for the annual conference, allow you the opportunity to publish in the online journal, enable you to participate in the election of IFPE's Board and will give you access to our new listserv.

I am a **NEW** member [] I am a **RENEWING** member []

Name: _____ Tel: _____

Address: _____ Fax: _____

Organizational Affiliation (Optional): _____

City: _____ State: _____ Zip: _____

Country: _____ E-mail: _____

Website (if applicable): _____ PLEASE PRINT E-MAIL ADDRESS VERY CLEARLY

NOTE: IFPE's website is fully accessible to Internet search engines. Regarding your membership posted on the IFPE website, please check any or all that apply:

On IFPE.org, post my: All Info [] or Name [] Street Address [] City, State & Zip [] Tel [] FAX [] E-mail []

Please check any/all areas of interest:

History of Psychoanalysis Spirituality & The Psyche Other/Wise (online journal)

Psychoanalysis & Culture Trauma IFPE Board Service

Psychoanalysis & Ethics Women and Psychoanalysis Other _____

Psychoanalytic Research IFPE Conference Planning

IFPE is a non-profit and charitable 501(c)(3) organization. We welcome any contributions.

I would like to make a tax-deductible donation to IFPE's *General Fund*: \$ _____ US

IFPE individual membership fee (\$95.00) or student fee (\$50.00) \$ _____ US

Total amount enclosed (check) or to be charged (credit card) \$ _____ US

FOR US RESIDENTS, PAYMENT BY CHECK (MADE OUT TO "IFPE") IS PREFERRED AND MUCH APPRECIATED. PAYMENT BY VISA OR MASTERCARD ALSO AVAILABLE (NO AMERICAN EXPRESS OR DISCOVER CARDS):

CARD NO. _____ - _____ - _____ - _____ EXPIRATION DATE ____/____

SIGNATURE _____ PRINT NAME AS ON CARD _____

CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE _____ ZIP _____

MAIL OR FAX (DO NOT EMAIL) REGISTRATION FORM WITH PAYMENT TO:

LINDA SCHULTZ, IFPE ADMINISTRATOR, 2102 MANNING AVENUE, LOS ANGELES, CA 90025

FAX: (207) 470-2819 QUESTIONS? CALL (310) 694-3463 OR EMAIL ADMIN@IFPE.ORG