

2013 MEMBERSHIP DUES AND DIRECTORY

DUES: Make checks payable to **The Psychoanalytic Association of the Westchester Center.**

Graduates, Faculty, Affiliate Members <i>Includes one printed, bound Directory</i>	\$200.00 _____
Candidates (first year exempt from dues)	\$100.00 _____
To purchase additional Directories, each	\$15.00 _____
Retired	\$115.00 _____
Honorary	No Fee
Voluntary Contribution	_____
TOTAL	_____

**Please send your check
with this completed form to:**

**Vivian Linder, LCSW
47 Waters Edge
Rye, NY 10580**

**DEADLINE IS NOV. 1, 2012
NO EXCEPTIONS!**

Suggestions for ways the Association could better meet your needs:

DIRECTORY INFORMATION:

Name: _____

Circle all that apply (see key at right): (AF) (AS) (C) "C & A"

"CP" (F) (G) (H) "P" (R) (S/TP C) (S/TP G) (VF)

If Graduate, name of institute, title of program and year of graduation:

Home Address: _____

Home Phone: _____

Office Address: _____

Office Phone: _____

Fax: _____

Email: _____

Specialties: _____

Active Groups: _____

Topics for Speaking Engagements: _____

Affiliations: _____

KEY:

(AF) = Affiliate
 (AS) = Associate
 (C) = Candidate
 "C & A" = Child and Adolescent Psychotherapy Program
 "CP" = Couples Psychotherapy Program
 (F) = Faculty
 (G) = Year of graduation from a psychoanalytic institute
 (H) = Honorary
 "P" = Adult Psychotherapy Program
 (R) = Retired
 (S/TP C) = Supervisory Training Program Candidate
 (S/TP G) = Supervisory Training Program Graduate
 (VF) = Visiting Faculty