

**Section VIII, Couple and Family Therapy and Psychoanalysis,
Division 39, APA – Membership and Renewal Application, 2017**

Name: _____ Degree: _____

Date: _____ Email Address: _____

Are you a member of Division 39, American Psychological Association? _____

IF RENEWING, PLEASE FILL OUT NEW/CHANGED INFORMATION:

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Include home address in Section VIII directory? Yes ___ No ___

Office Address #1: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax #1: _____

Include office #1 in Section VIII directory? Yes ___ No ___

Office Address #2: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax #2: _____

Include office #2 in Section VIII directory? Yes ___ No ___

Clinical/Research Interests (in order of importance): *(NOTE: For the Membership Directory)*

Areas of Practice Specialization (in order of importance): *(NOTE: For the Membership Directory)*

DUES: Member \$40 ___ Student \$10 ___ Retired \$10-\$40 ___

Voluntary Contribution:

\$ ___ General Fund \$ ___ Stechler Award \$ ___ Scholar's Award

\$ ___ Check, payable to: "Section VIII, Div. 39, APA"

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Section VIII Administrator, 67 Bremen Road, Waldoboro, ME 04572

For more information, contact Deborah Wolozin at deborah.wolozin@gmail.com