

New Orleans-Birmingham



Psychoanalytic Center

MEMBERSHIP APPLICATION

**New Orleans–Birmingham Psychoanalytic Center
3624 Coliseum Street
New Orleans, Louisiana 70115
Telephone: (504) 899-5815
Fax: (504) 899-5886**

THE NEW ORLEANS–BIRMINGHAM PSYCHOANALYTIC CENTER is a free standing, non-profit educational and service organization dedicated to the furtherance of psychoanalytic understanding. The Center offers training in the practice and application of psychoanalysis and psychoanalytically-oriented psychotherapy as well as community outreach, continuing education, research, and other activities to deepen the understanding of psychoanalysis, to enrich the human experience and to advance the application of psychoanalysis for the greater human good.

MEMBERSHIP BENEFITS

- Discounted registration fees to Scientific Meetings, Community Programs and Extension Division courses;
- Access (24/7) to PEPWeb database (see www.PEP-Web.org);
- Participation in Center Scientific Meetings
- Library privileges to the largest psychoanalytic library between Atlanta and Houston;
- Eligibility to serve on or chair Center committees and governance Board.

Prospective members are asked to complete and mail this application, along with General Membership dues of \$160 to the New Orleans-Birmingham Psychoanalytic Center at 3624 Coliseum Street, New Orleans, LA 70115. Your application will be reviewed and voted on by the Center Board at their next meeting.

Name:

Office Address:

Home Address (Optional):

Phone Numbers:

Office:

Fax:

Home:

Cell:

Email:

Professional Credentials:

Professional Affiliations:

Please provide a brief statement regarding your interest/intent in joining NO-BPC.

What are your professional/clinical interests?

What are your additional outside interests?

In what committees or activities would you be interested in being involved? (Circle one or more.)

Membership	Clinician Assistant
Ethics	Library
Nominating	Policy & Procedures
Information	Finance
Outreach and Continuing Education (Includes: Scientific Meetings & Programs, Film Series, Honorary Fellowship)	

Applicants who are mental health professionals must be in good standing according to the guidelines within their own discipline. If the answer to any of the following questions is yes, please attach a detailed statement of explanation:

- a. Have you ever been convicted or pled *nolo contendere* to a felony?
- b. Has your membership in a state, county, or local professional society ever been revoked, suspended, placed on probation, or restricted in any manner as a result of an ethical violation or for any other reason?
- c. Have you ever voluntarily surrendered, or did you have suspended, revoked, placed on probation, or restricted in any manner any professional license by any licensing authority?
- d. Have you ever been the subject of any type of disciplinary action or inquiry by any licensing agency, institution, or society?

REFERENCES

List two references familiar with your professional work that we may contact. Please contact your references directly, giving them permission to respond to our request.

Name:

Address:

Telephone:

Name:

Address:

Telephone:

When accepted, I agree to abide by the policies and procedures of the Center Board.

Signature

Date