

SPSI COMMUNITY/ASSOCIATE MEMBERSHIP 2009-2010

As the oldest and most established psychoanalytic institute and society in the Pacific Northwest, the Seattle Psychoanalytic Society and Institute (SPSI) invites you to become a member for 2009-2010.

Since 1948, SPSI has strived for excellence in training future psychoanalysts, researchers, and academicians. Today our graduates and members serve individuals and organizations in the community through educational outreach, consultation, research, and reduced fee psychoanalytic treatment. SPSI is an accredited training institute of the American Psychoanalytic Association and the International Psychoanalytic Association.

Community Membership is open to any individual who has an interest in psychoanalytic ideas.

Associate Membership is open to all graduates of SPSI's Certificate in Advanced Psychotherapy Program (CAPP), Child Psychotherapy Program (CPP), and Psychoanalytic Psychotherapy Program (PPP).

Members receive the following benefits:

- Discounts on SPSI symposia, events, and other continuing education courses
- SPSI mailings including event announcements and brochures
- SPSI's electronic newsletter "The Frontier Creature"
- Use of the Northwest's largest and most comprehensive psychoanalytic library, including the Psychoanalytic Electronic Publishing CD-ROM archive
- Listing on the SPSI website (optional)
- Listing in the SPSI roster and with the SPSI referral service (Associate Members only)

SPSI COMMUNITY/ASSOCIATE MEMBERSHIP ENROLLMENT FORM

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|--------------------------|--|--|
| <input type="checkbox"/> | SPSI Community Member | \$ 50.00 |
| <input type="checkbox"/> | SPSI Associate Member
(Graduates of CAPP, CPP, & PPP) | \$100.00 (To be included in the SPSI Roster,
please respond by 9/15/09) |
| <input type="checkbox"/> | Tax deductible contribution | \$ _____ |
| | Total Enclosed | \$ _____ |

Please make checks payable to: **SPSI**

MEMBER INFORMATION (please print)

- Please include me in the Community/Associate listing on the SPSI website
 I would like to be listed with the SPSI Referral Service (Associate Members only)

Name: _____ Profession/Degree : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check or VISA/MC _____ / ____ / ____
Card # Expiration

Signature _____