



# American Association for Psychoanalysis in Clinical Social Work, Inc.

## 2010 MEMBERSHIP FORM

*(please print legibly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Degree/Credential: \_\_\_\_\_  
Preferred directory listing (e.g., PhD, LCSW, BCD, etc.)

Office Phone: \_\_\_\_\_ Office Ext: \_\_\_\_\_ Home Phone (optional): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address(es) you prefer included in AAPCSW clinical directory:  Office  Home  Both

County of Office: \_\_\_\_\_ Website: \_\_\_\_\_

Office Address: \_\_\_\_\_

Home Address (optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Graduate School Attended: \_\_\_\_\_

Post-graduate Training: \_\_\_\_\_

### LISTSERV AND AAPCSW WEBSITE CLINICAL DIRECTORY

*Please note: If you check neither box, we will assume "YES"*

YES  NO Include email address on AAPCSW listserv

YES  NO Include directory information on AAPCSW's website clinical directory. Information listed will include name, credentials, office address, office phone and practice areas.

### PRACTICE AREAS: *Please check boxes below that reflect your practice.*

What is your client population (check all that apply)?  Infants and/or Children (IN/CH)  Adolescents (ADO)  
 Young adults (YAD)  Adults (AD)  Older adults (OAD)

In which of the following practice areas do you have special interest (check all that apply)?

Chemical and other addictive behavior (AD/O)  Disordered eating and body image (D/OE)  End of life care (EOL)  
 Critical incident stress debriefing (CISD)  Forensic evaluation and treatment (FOR)  Mediation (MTN)

With which modality(ies) do you work (check all that apply)?  Individual (I)  Group (G)  Couple (C)  Family (F)

### MEMBERSHIP CATEGORY

(check one)

- \$75 Full Member *(Any clinical social worker with Master's or Doctoral Degree)*
- \$75 General Member *(Members of other mental health disciplines. Includes all rights and privileges of Full members except the right to hold office on national executive board.)*
- \$55 New Professional *(New members, having received their MSW 3 years ago or less, may join for up to 2 years at the new professional rate.)*
- \$55 Retiree
- \$55 Friend *(Any person who supports the aims and purposes of the AAPCSW but are not mental health professionals. Friends are entitled to all rights and privileges of General members with the exception of voting and holding office.)*
- \$30 Candidate *(Eligible for any 2 years during training. Include name of institution on application.)*
- \$15 Student *(Full-time MSW, DSW or PhD student. Proof of student status with application.)*

Payment by CHECK: Please make check payable to AAPCSW.

Payment by CREDIT CARD: Go to [www.aapcsw.org](http://www.aapcsw.org) and click on "Join/Renew Membership" on left sidebar.

### OPTIONAL CONTRIBUTIONS

(Suggested donation amounts: \$25, \$50, \$75, \$100)

Yes, I would like to make a tax deductible contribution in the amount of \_\_\_\_\_ to NIPER (National Institute for Psychoanalytic Education and Research).  
*Please make check payable to NIPER  
 (Or go to [www.aapcsw.org](http://www.aapcsw.org) to pay by credit card.)*

Yes, I would like to make a contribution in the amount of \_\_\_\_\_ toward the funding of national advocacy for clinical social work (Federal Legislative Activities).

*Please make check payable to: AAPCSW  
 (Or go to [www.aapcsw.org](http://www.aapcsw.org) to pay by credit card.)*

**Members joining by March 31<sup>st</sup> will be included in the 2010 Membership Directory.**

Membership runs from January 1 through December 31 of each year. Please visit our website ([www.aapcsw.org](http://www.aapcsw.org)).

#### Mail this form and dues/donation to:

Deborah Dale, AAPCSW Administrator  
 4834 Highgate Dr., Durham, NC 27713  
 E-mail: [deborah.dale@aapcsw.org](mailto:deborah.dale@aapcsw.org)

#### Questions? Contact:

John Chiaramonte, LCSW  
 AAPCSW Membership Chair  
 Tel.: 908.918.1192 E-mail: [johnlcsw1@verizon.net](mailto:johnlcsw1@verizon.net)