



SOUTHWEST PSYCHOANALYTIC SOCIETY

We are delighted that you are interested in applying for membership in the Southwest Psychoanalytic Society. In accordance with our bylaws, please submit:

- A completed Membership Application Form (page 2)
- A current curriculum vitae or resume (two page maximum please)
- A brief statement that tells us how you became interested in psychoanalytic thinking
- **Practicing clinicians** please include a photocopy of your CURRENT insurance certificate and a photocopy of your CURRENT ARIZONA license

The application and statement will be sent to the membership for their review, along with a membership ballot. The insurance and license copies are for the SPS files.

If possible, please forward the above information via email to azswpsych@gmail.com. Hard copies may be mailed to:

Southwest Psychoanalytic Society
 Attn: L. Petrik
 3504 Highway 153, PMB 304
 Greenville, SC 29611-7553

Annual membership fees are listed below and will be assessed **AFTER** your application has been approved by a vote of the members. Please do not submit payment until you receive notification from the Society that your membership has been approved.

Licensed/Certified Clinician (renewing)	\$200.00
New Clinician Member (1st year only)	\$100.00
Early Career Clinicians*	\$100.00
First Time Clinician Member Retired**	\$100.00
Candidates	\$100.00
Residents/Students/Interns/Pre-License Clinicians	\$50.00
Non-Clinician Academics	\$75.00

*Early career clinicians are in the first 3 years of practice.

**For retirees, dues are waived after membership has been maintained for at least two years.

Interested in learning more about psychoanalysis and psychoanalytic approaches?

Mentorship Program

The Mentorship Program pairs mentors - members of the Society interested in sharing their knowledge of and passion for psychoanalytic thinking and therapy - with mentees, clinicians interested in learning more about psychoanalytic approaches. Each pair decides how to proceed, how frequently to meet and identifies a format. Many mentors and mentees read articles of mutual interest and discuss clinical issues from a psychoanalytic perspective. The sole requirement for participation in this program is membership in the Society and payment of the current year's dues. For additional information on the mentorship program, in Tucson, please contact Dr. Barbara Inselman-Temkin at (520) 292-1769 or at btpsych73@aol.com. In Phoenix, please contact Dr. Richard Gottlieb at 480-477-7793 or at rgottliebmd@gmail.com.

Thank you for your interest in the Southwest Psychoanalytic Society. Please contact us if you have any questions.

Member and Mentorship Chair - Phoenix
Richard Gottlieb, MD, PsyD

Membership and Mentorship Chair - Tucson
Barbara Inselman-Temkin, PhD

3504 HIGHWAY 153, PMB 304, GREENVILLE, SC 29611-7553

ATTN: L. PETRIK

EMAIL: AZSWPSYCH@GMAIL.COM



Southwest Psychoanalytic Society
Membership Application Form

Please complete and send to: Email to: azswpsych@gmail.com
Mail to: SPS, 3504 Highway 153, PMB 304, Greenville, SC 29611-7553, Attn: L. Petrik

Applicant Name: _____ Degree: _____

Address (office): _____

Telephone (office): _____

Address (home): _____

Telephone (home): _____ Telephone (cell): _____

Email address: _____

Preferred mailing address: Office _____ Home _____

Arizona Certification/License Number: _____

Malpractice Insurance Company: _____ Amt. of Coverage: _____

Current Practices and Professional Activities:

Education, Institution and Dates of Graduation:

Professional Affiliations/Memberships:

Are you an Active ___ Senior ___ or Life ___ member of APsaA? (for the purpose of affiliate dues) No ___

Category of Membership Application:

Clinician ___ Early Career Clinician (1st 3 yrs.) ___ Clinician Retired ___ Candidate ___ Resident ___
Student ___ Intern ___ Pre-License Clinician ___ Non-Clinician Academic (For those not trained in a mental health field) ___

Are there any topics you would be interested in presenting to members and/or the community at an SPS salon program?

Please include the brief statement that explains how you became interested in psychoanalytic thinking.

Signature: _____ Date _____

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