

Application for *Membership*

NOBPC is a free standing, non-profit educational and service organization dedicated to the furtherance of psychoanalytic understanding.

NOBPC 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.

Prospective members are asked to complete and mail this application, along with General Membership dues of \$220.00 to:

**New Orleans-Birmingham Psychoanalytic Center
3624 Coliseum Street
New Orleans, LA 70115**

Membership Benefits

- Discounted registration fees to Scientific Meetings, Community Programs & Extension Division courses
- Access (24/7) to PEPWeb database (www.PEP-Web.org)
- Participation in NOBPC Scientific Meetings
- Library privileges to one of the largest psychoanalytic libraries in the Southeast
- Eligibility to serve on or chair Center committees and governance Board
- Participation in the online clinician directory and referral service

*Your application will be reviewed and voted on by the NOPBC Board at their next meeting. **Thank you for applying!***

Last Name		First Name		Middle In.	Suffix
Select Preferred Mailing Address			Email Address		
Office Street Address		City	State	Zip	
Home Street Address <i>(optional)</i>		City	State	Zip	
Office Telephone	Office Mobile Phone	Home Telephone	Home Mobile Phone		
Professional Credentials		Professional Affiliations			
Please provide a brief statement regarding your interest/intent in joining NOBPC.					
What are your professional/clinical interests?			What are your additional outside interests?		

(cont'd) Application for *Membership*

<p>In what committees or activities would you be interested in being involved? <i>(select one or more)</i></p> <p> <input type="radio"/> Membership <input type="radio"/> Ethics <input type="radio"/> Nominating <input type="radio"/> Clinician Assistant <input type="radio"/> Policy & Procedure <input type="radio"/> Finance <input type="radio"/> Outreach & Continuing Education <i>(includes: Scientific Meetings & Programs, Speaker Series, Film Series, Honorary Mentorship)</i> </p>		
<p>Applicants 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.</p>		
<p>Have you ever been convicted or pled <i>nolo contendere</i> to a felony?</p>	Yes	No
<p>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?</p>	Yes	No
<p>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?</p>	Yes	No
<p>Have you ever been the subject of any type of disciplinary action or inquiry by any licensing agency, institution, or society?</p>	Yes	No
<p>References</p> <p>Please have <u>two</u> people who are familiar with your professional work complete our letter of recommendation form, which is attached on our website, and return it to the Center as specified on the recommendation form.</p>		
<p><i>When accepted, I agree to abide by the policies and procedures of the NOPBC Board.</i></p>		
Signature	Date	