

**The Association for Child Psychoanalysis, Inc.**

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## ACP Membership Renewal

Thank you for being a member of ACP! We are grateful for your support and involvement in this important organization.

**Please write in your payment amount for your membership type, any additional donation amount, and the total. You will receive a receipt for your tax-deductible donation.**

<b>Membership Type</b>	<b>Amount</b>	<b>Payment</b>
<b>Regular Member – USA and Canada</b> For individuals in active practice – full membership benefits	\$225.00	
<b>Regular Member International – all other countries</b> For individuals in active practice – full membership benefits	\$100.00	
<b>Regular Member No Active Practice</b> For individuals no longer in active practice – full membership benefits	\$25.00	
<b>Candidate Member</b> For individuals in Institute Training – full membership benefits	\$75.00	
<b>Candidate Member No Active Practice</b> For Candidates no longer in active practice – full membership benefits	\$25.00	
<b>Advanced Candidate Member</b> For individuals who have been ACP Candidate members for more than 7 years – full membership benefits	\$225.00	
<b>Collegial Member</b> For mental health professionals and/or those interested in supporting child analysis, in theory, in practice (analysis and or psychotherapy), in application (community outreach), and/or through research – full membership benefits except to hold office and vote	\$100.00	
<b>Candidate Collegial – for individuals enrolled in child or combined child/adult Psychodynamic Psychotherapy programs – full membership benefits except to hold office and vote</b>	\$75.00	
<b>Donation – Please consider a donation to the Anna Freud Altruistic Analysis Grant Fund for low fee analysis of children, adolescents and emerging adults. Your donation is tax deductible.</b>	<b>Donation</b>	\$

	<b>Total</b>	
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<b>Payment Type</b>
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**Check** – Please make check payable to the Association for Child Psychoanalysis.  
 Payment must be made in US dollars drawn on a US bank.

**Credit Card**

**Card Number**

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**Expiration Date**

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**Security Code**

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\_\_\_\_\_ **Name on Card** – Please Print

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