

INTERNATIONAL FEDERATION FOR PSYCHOANALYTIC EDUCATION  
MEMBERSHIP APPLICATION AND RENEWAL

**TYPES OF MEMBERSHIP**

*All memberships are based on the calendar year*

**INDIVIDUAL MEMBER: \$95 US PER YEAR**

IFPE's sole criterion for membership is a self-identified interest in psychoanalysis.

**STUDENT MEMBER: \$50 US PER YEAR**

Full-time student in graduate or undergraduate programs only; does not apply to psychoanalytic training.

*Your dues confer a discount on registration for the annual conference, and enable you to participate in the election of IFPE's Board. New memberships entered with conference registration will continue in force through the following year.*

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Organizational Affiliation (Optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE PRINT E-MAIL ADDRESS VERY CLEARLY

**ORGANIZATIONAL MEMBER: \$120 US PER YEAR**

Members should include a 75–100 word description of their program for inclusion in the membership directory. Members may display their materials at the annual conferences. They have one vote in IFPE's elections.

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Select membership/donation and send this page with your check payable to **IFPE**, or with credit card information to:

Stephanie Romeo  
243 McDonald Avenue #2G  
Brooklyn, NY 11218-1443

Email: [admin@ifpe.org](mailto:admin@ifpe.org)  
Phone: (718) 690-3867

IFPE is a non-profit and charitable 501(c)(3) organization. We welcome any contributions:

I would like to make a tax deductible donation to a fund supporting IFPE's international outreach: \$ \_\_\_\_\_ US

I would like to make a tax deductible donation to IFPE's general fund: \$ \_\_\_\_\_ US

IFPE individual membership fee (\$95.00) student (\$50.00) or Organizational (\$120.00) \$ \_\_\_\_\_ US

Total Amount enclosed (check) or to be charged (credit card) \$ \_\_\_\_\_ US

I have enclosed a check [ ] // Charge my: MasterCard [ ] Visa [ ] (sorry, no other cards accepted)

*Note: please do not put your credit card information in an e-mail: use only mail or fax, or even telephone*

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Signature \_\_\_\_\_ Print name as on card \_\_\_\_\_

Card billing address if different from above \_\_\_\_\_ ZIP \_\_\_\_\_

I am a new member [ ] I am a renewing member [ ] **NOTE: IFPE's website is fully accessible to Internet search engines. Regarding your membership posted on the IFPE website, please check any or all that apply:**

On IFPE.org - post my Name [ ] Street Address [ ] City, State & Zip [ ] Tel [ ] FAX [ ] E-mail [ ]

**Watch for regular news and updates on IFPE's Website: [www.IFPE.org](http://www.IFPE.org)**