



**6. Check up to five areas of specialization:**

- |  |   |  |
|--|---|--|
| child custody evaluation <input type="checkbox"/>  | chronic illness <input type="checkbox"/>                      | developmental disabilities /                   |
| disorders  | eating disorders <input type="checkbox"/>                     | family therapy <input type="checkbox"/>        |
| gender and sexuality                               |   |  |
| GLBT children and parents <input type="checkbox"/> | group therapy <input type="checkbox"/>                        | learning disabilities <input type="checkbox"/> |
| physical/sexual abuse <input type="checkbox"/>     | psychological testing and evaluation <input type="checkbox"/> |  |
| reproductive technologies <input type="checkbox"/> | substance-related disorders <input type="checkbox"/>          | trauma <input type="checkbox"/>                |

**7. Please list any languages you speak fluently (other than English):**

---

**8. In what way(s) would you like to participate in the Section (check all that interest you)?**

- |  |   |  |
|--|---|--|
| Board member <input type="checkbox"/>            | Committee member <input type="checkbox"/>         | Newsletter <input type="checkbox"/>                  |
| Presenter at APA <input type="checkbox"/>        | Presenter at Div 39 <input type="checkbox"/>      | Assisting with conference <input type="checkbox"/>   |
| Study trip to Tavistock <input type="checkbox"/> | On-line discussion chair <input type="checkbox"/> | On-line discussion panelist <input type="checkbox"/> |
| :Other (describe <input type="checkbox"/> _____) |   |  |
- 

**9. Member of APA:**      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**10. Payment:**

Tax-deductible yearly membership dues:

- |   |      |
|---|------|
| <input type="checkbox"/> Full member:   | \$40 |
| <input type="checkbox"/> Associate      | \$30 |
| <input type="checkbox"/> Student member | \$20 |

Total Enclosed: \$\_\_\_\_\_ (please make check out to APA, Division 39, Section II)

**11. Return:**

**Please return the application and payment to:**

**Section II, Division of Psychoanalysis (39)**

**2615 Amesbury Road**

**Winston, NC 27103-6502**