

**Associate Membership**

**Information Sheet** Ver November 2020

APPI welcomes application for Associate membership from individuals who are interested in psychoanalysis and the unconscious life of individuals and how it affects us in our personal and work lives. Associate members are non-accredited members of APPI. They are members out of interest in the association and its projects.

In addition membership of APPI allows interested individuals access to a wide network of like minded people, opportunities to attend APPI events and updates on the wider psychoanalytic community through our regular ebulletin.

Associate members also have access to PEP-web. PEP-Web is Psychoanalytic Electronic Publishing:  journals, articles, books, videos, - **a psychoanalytic library at your fingertip**

**Benefits of Associate/ membership:**

* Opportunity to attend APPI events at same rates as full members.
* Opportunity to network and engage with colleagues from diverse clinical fields.
* Receive our regular ebulletin with news of events and developments in the field of psychoanalysis.
* Receive on-line Lacunae- the APPI Journal for Lacanian Psychoanalysis (published twice yearly).

To apply for Associate Membership please complete the following:

1. Associate membership application form
2. Agree to abide by the Conditions of Membership

**Fees: Application Fee – None. For annual membership please see “Table of Fees”**

Fee will be due once your application has been approved.

**Application Process:** Completed application forms will be considered by the Executive Committee at the next available meeting. Meetings usually take place once a month.

If you have any questions concerning membership please contact Mary Barry, Administrative Secretary - email adminatappi@gmail.com



**Associate Membership Application Form**

**Please type your answers**

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

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Eir code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief outline of why you are interested in joining APPI

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|  |

Are you a member of any other professional bodies e.g., IFPP, ICP, .... (If so please list below).

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| --- |
|  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if:**

You wish to receive emails / ebulletin from APPI YES/NO

All applications for membership are considered by the Executive Committee which usually meets once a month. Annual application fees are payable in January each year.



**Conditions of Associate Membership**

Associate members are **not** permitted to cite or advertise their status as such in any capacity, whether in relation to their work or otherwise.

I agree to maintain confidentiality in relation to clinical material which may be discussed at APPI conferences/events.

I agree to maintain confidentiality in relation to clinical examples provided by other attendees or members of the audience at APPI conferences/events.

I agree to use PEP-Web in accordance with the rules specified by the suppliers of PEP-Web. In particular, I understand that PEP-Web is made available to me only and that I may not share the log in details with others.

*“Associate members.... shall not be accredited voting members nor take part in the governing of the Company, but may be permitted to speak at General* *Meetings with the permission of the Chairperson of the meeting.”* (as per Constitution section 34).

*“The Executive Committee reserves the right to terminate any Associate* *membership at any time.”* (as per Constitution section 38).

*“Associate Members are not permitted to cite or advertise their status as such in any capacity, whether in relation to their clinical practice or otherwise.”* (as per Constitution section 39).

Full Constitution available on the APPI website www.appi.ie

**I agree with the conditions of Associate Membership:**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_