

**Overseas Membership**

**Information Sheet** Ver November 2020

APPI welcomes application for Overseas membership from individuals who are living outside Ireland and are interested in psychoanalysis and the unconscious life of individuals and how it affects us in our personal and work lives. Overseas members are non-accredited members of APPI. They are members out of interest in the association and its projects. While some may be fully trained professionals and accredited members elsewhere they do not look to APPI for any accreditation.

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

**Benefits of Overseas membership:**

* 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 Overseas Membership please complete the following:

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

**Fees:** Application fee - None. Please see table of fees

Please return this application in a PDF format to: [adminatappi@gmail.com](mailto:adminatappi@gmail.com)



**Overseas Membership Application Form**

**Please type your answers**

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

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

Postal 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 Overseas Membership**

Overseas Members are **not** permitted to cite or advertise their status as such in any capacity, whether in relation to their clinical practice 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.

The Executive Committee reserves the right to terminate any Research Affiliate member at any time.

Overseas Members are not permitted to vote or take part in the governing of APPI.

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

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

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

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

**Please indicate if:**

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