



ASSOCIATION FOR

Psychoanalysis & Psychotherapy

IN IRELAND

APPLICATION FORM

Membership Fees

ASSOCIATES (no entry fee)	€103
OVERSEAS (no entry fee)	€150
ASSOCIATES (STUDENTS) (no entry fee)	€63
MEMBERS (includes ICP membership)	€295

(In the first year in addition to the membership fee of €130, €100 ICP fee and an APPI entry fee of €65)

(If reapplying for membership there will be an extra one year's membership fee charged)

(There are additional fees for inclusion on the Register for Practitioner Members. These are currently - €50 initial application fee plus €50 for Registered Practitioner administration fee if eligible). €25 initial application fee plus €25 for conditional register administration fee if eligible. Membership fees may be reviewed and altered from time to time by the Members, as may the registration fees by the Executive Committee.)

Please remit the appropriate fees, payable by **Bank Transfer (preferred method; see bank details below.**

Please ensure that your payment is identified by name) cheque or postal order to: **APPI Ltd., C/O KSi Faulkner Orr, Gateway House, 133 Capel Street, Dublin 1** accompanied by this completed form. Refer to the table for your fee schedule. (This is for our records but also suffices as an application form).

BANK DETAILS : AIB., 9 Terenure Road, Rathgar, Dublin 6

IBAN: IE35AIBK93345711995032 BIC: AIBKIE2D

----- Detach here -----

(Please circle whichever applies to you)

Please enter my name as **ASSOCIATE/OVERSEAS/ASSOCIATE (STUDENT)/ MEMBER** of APPI for the year ending 31st December, 2018 Signed: _____

(BLOCK CAPITALS)

Name: _____ Date: _____

Address: _____

Tel: (W) _____ (M) _____

Email: _____

INSURANCE DETAILS:

COMPANY NAME _____ POLICY NO: _____ EXPIRY DATE: _____

Please enclose CV with most recent/relevant academic qualifications and a photo of yourself

Prerequisite of membership is a commitment to the Primary Object and Code of Ethics, please download these forms. Please ensure two members of APPI support your application and they must be completed and returned INDEPENDENTLY.

Please indicate

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|-----|---|---------------|
| (a) | you wish your name to be included on the directory held by each member | <u>YES/NO</u> |
| (b) | you wish to receive emails from APPI | <u>YES/NO</u> |
| (c) | can your e-mail address can be distributed to other members | <u>YES/NO</u> |
| (d) | your name to be included on a directory if available to general public | <u>YES/NO</u> |
| (e) | if your answer to (c) is yes, are the details you want included as above | <u>YES/NO</u> |