

Renewing Member **New Member**

1. Profile Information

Prefix _____ Pronouns _____

Name _____ **Middle Name** _____ **Last Name** _____

Credentials _____ (Please indicate preferred directory listing e.g. Ph.D., LCSW, BCD, etc.)

Email _____ Website _____

Grad. School _____ Post-Grad _____ Degree(s) _____

2. Treatment Issues and Areas of Practice

(Check all the relevant boxes)

- Addictive Behavior
- Adoption and Foster Care
- Anxiety Disorders
- Attachment Disorders
- Autism Spectrum Disorders
- Depression and Other Mood Disorders
- Developmental Disorders
- Dissociative Disorders
- Eating Disorders
- Grief and Loss
- Learning Disabilities
- LGBTQ+ Issues
- Neurocognitive Disorders
- Palliative and Hospice Care
- Parental Loss
- Perinatal Issues
- PTSD and Other Traumatic Disorders
- Relationship Problems
- Substance Use Disorders

Types of Therapy

- Critical Incident Stress Debriefing Cognitive Behavior Therapy DBT EMDR
- Forensic Evaluation and Treatment Hypnotherapy Mediation Mindfulness
- Psychoanalysis Psychodynamic Psychotherapy

Modalities (Check all the relevant boxes)

- Individual Group Couple Family Consultation Supervision

Client Population (Check all the relevant boxes)

- Infants and/or Children Adolescents Young Adults Adults Older Adults

3. Mailing Address

Preferred Mailing Address _____

City _____ State _____ ZIP _____ Country (If not U.S.A.) _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ - _____ - _____

Office Address _____

City _____ County _____ State _____ ZIP _____

Office Phone _____ - _____ - _____ Extension _____

Cell Phone _____ - _____ - _____ Fax _____ - _____ - _____

Do you want to be included in the AAPCSW online Member Directory?

YES NO - Be Searchable in AAPCSW's online Public Directory

Results Displayed: Member Name, Credentials, Website, Office Tel, Office Address 1, Country if Not USA

YES NO - Be Searchable in AAPCSW's online Member's Only Directory

Results Displayed: Member Name, Credentials, Website, Education, Office Tel and Office Address 1 & 2, Treatment Issues, Type of Therapy, Modalit(ies), Client Population, Country if Not USA

4. Membership Categories

- Full Member** (\$100) Any clinical social worker with Masters or Doctoral Degree.
- General Member** (\$100) Members of other mental health disciplines. Includes all rights and privileges of Full members except the right to hold office on the AAPCSW national executive board.
- Friend** (\$65) Any person who supports the aims and purposes of the AAPCSW but is not a mental health professional. Friends are entitled to all rights and privileges of General members with the exception of voting and holding office.
- Retiree** (\$65) Open to any person who is fully retired from practice.
- New Professional** (\$40) Members within 3 years of graduating from an MSW program, or other graduate program in mental health, may join for up to 2 years at this rate.
- Candidate / Post-Masters Training** (\$40) Eligible for any 2 years during training.
- Student** (\$20) Full-time MSW students and students of other accredited graduate mental health programs.
If Candidate/Student, please indicate Institution Name: _____

Member Benefit: **Discount to Psychoanalytic Electronic Publishing (PEP)**

PEP provides online access to a number of psychoanalytic journals from the late 1800s to the present. Included with the PEP subscription are Freud's Standard Edition and other well-known books. To learn more about PEP, go to www.pep-web.org. The annual fee for a PEP subscription as a member benefit through AAPCSW is \$80. For subscription and sign-up details visit: <https://www.aapcsw.org/membership/benefits/pep.html>

CONSENT

Checking this box indicates you have read and agree with the following: For the purposes of providing you with certain member benefits, you agree that AAPCSW may send you periodic email notifications. AAPCSW will also share your name, email, and mailing address with Taylor & Francis for the exclusive purposes of providing you access to the online Journal of Social Work Practice and the print and online subscription to Psychoanalytic Social Work Journal. In addition, AAPCSW will add your preferred listserv email to AAPCSW's General Listserv hosted on Google Groups.

5. Payment by Mail

Please select payment option. Checks should be marked payable to **AAPCSW**

Check Visa Mastercard American Express

Card Number _____ Exp. Date _____ 3 or 4 Digit Security Code _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Signature (as on card) _____ Print Name _____

Mail form and Member Dues/donation to:

AAPCSW
Attn: Barbara Matos, MS, AAPCSW Administrator
P.O. Box 67
Boonsboro, MD 21713

Questions? Contact:

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