**APPLICATION FOR AFFILIATE MEMBERSHIP**

**Affiliate Membership:**

Affiliate membership is for those who are not seeking or are not eligible for accreditation as Full or Associate members, but who have a committed interest in a psychoanalytic perspective and would like to participate in events such as conferences and seminars and to have opportunities for discussion and the exchange of ideas.

**Please note: All information should be typed only.**

**1. Name**:

**2. Address**:

**3. Date of birth**:

**4. Telephone No:**

**5. Email address:**

**I understand and accept that Affiliate membership does not entitle me to practice as a IFPP Psychoanalytic Psychotherapist or represent myself as a qualified IFPP Psychoanalytic Psychotherapy practitioner to either the general public or to Psychoanalytic and Psychotherapeutic practitioners in Ireland.**

**Signature:---------------------------------------------- Date:-------------------------------**

**The one off Affiliate Membership Application Fee (to accompany this Application) is: €35**

**Please note that there will be an Annual Fee of €75. If you wish to avail of PEP (Psychoanalytic Electronic Publishing), there will be an additional annual fee of €50 payable.**

**I wish to avail of PEP:**

* **Yes**
* **No**

Completed applications should be **POSTED ONLY** to:

**Ann Daly, ,**

**Administrator, IFPP**

**73 Quinn’s Road**

**Shankill**

**Co. Dublin**

**Tel.: 01 2722105 Email:** [**amdpsy@gmail.com**](mailto:amdpsy@gmail.com)

**Cheques/postal orders to be made payable to IFPP.**