

**THE CONTEMPORARY FREUDIAN SOCIETY**

1123 Park Avenue #1D, New York, NY 10128  
212-752-7883

**Membership Application**

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

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

\_\_\_\_\_

Office Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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**I. TRAINING:** (Enclose a Curriculum Vitae)

**A. Academic Training:** (Enclose transcript of highest level of college or university program completed)

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Schools (in chronological order)	Address	Major	Credits or Degree	Years Attended and/or Degree
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**B. Institute Psychoanalytic Training:** (Enclose transcript)

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Institute	Address	Credits or Graduation	Dates of Attendance and Completion
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**C. For Licensed Psychoanalysts,** list the authorized setting where you completed your LP experience requirement. Please include the Training Program under whose auspices this was completed and the address where this supervised work took place:

**D. Non-Institute Psychoanalytic Training:**

(Full Description and Dates: List course titles, instructors, summaries of content)

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**II. PERSONAL ANALYSIS:**

Analyst's Name and Address	Institute or Professional Affiliation	Dates of Treatment	# of Sessions per week	Total # of Hours
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**III. SUPERVISION OF CONTROL CASES:**

(Psychoanalyses conducted under supervision. List each case individually)

Case (Identify by age and gender)	Name and Address of Supervising Analyst	Supervisor's Institute or Prof. Affiliation	Supervisor's Training Analyst Status	# of Treatment Hrs Patient Seen/Week	Dates Case Seen	Supervision Hours per week	Total Hrs of Super- vision	Total Hrs of Treatment of Case

**IV. PROFESSIONAL EXPERIENCE:**

(Clinics, agencies, schools, or institutions. Begin with most recent position.)

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Name and Address	Dates	Hours per week	Functions	Supervised by, if relevant, profession and name
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**V. NATURE OF CLINICAL PRACTICE:** (Private and other)

	Date Practice Began	Hours per week (average & current)
A. Psychoanalytic:		
B. Other related areas (e.g. psychology, social work, psychiatry)		

**VI. TEACHING EXPERIENCE:** (Include clinical supervisory teaching)

	Institution	Rank	Course Title	Dates
A. Psychoanalytic:				
B. Other:				

**VII. REFERENCE:**

(List two individuals who are acquainted with the nature and quality of your professional work [preferably your psychoanalytic work]. Give names, addresses and telephone numbers.)

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

**Print Name:** \_\_\_\_\_

**Please mail a completed application to:**

Connie Stroboulis  
Administrative Director  
The Contemporary Freudian Society  
11 Bunker Hill Drive  
Manalapan, NJ 07726

**or via email to [CFS.PTI.OFFICE@gmail.com](mailto:CFS.PTI.OFFICE@gmail.com)**