**Benefits of Membership**
- Notification about and free admission to study groups and discussion groups
- Reduced admission to programs with preregistration
- Membership dues support your local psychoanalytic, psychotherapeutic community
- Continuing Education credits/units offered at WMAAPP-sponsored programs for:
  - Psychologists
  - Social Workers
  - Licensed Mental Health Counselors
- Free listing in annually-published Membership Directory and website

**Levels of Membership**

**Full Members:** clinicians in psychology, psychoanalysis, psychiatry, social work and clinical psychiatric nursing, psychoanalysts, and those training in a psychoanalytic institute. Full voting members.

**Associate Members:** individuals in academic disciplines and the arts who are interested in psychoanalytic theory and practice.

**Student Members:** undergraduates and graduate students in psychology, social work, psychiatry, counseling or nursing.

**How long does my membership last?**
Membership period is from January 1 – December 31.

You may join at any time during the calendar year. Applications and dues received after October 1st of a given year will be applied towards a membership for the following year.

To be included in the annual Directory we must receive your dues by March 31, 2020.

WMAAPP is in the process of transitioning from using the mail to deliver program brochures and other notices to using email and posting electronic versions only. So that you continue receiving WMAAPP news and updates, please be sure that your email information is included in this membership application/renewal form. If you’re unable to receive information by email, please let us know that as well.

Information will also be available on our website www.wmaapp.org.

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**2019 - 2021 Executive Committee**

**Officers:**

- President: Jyoti Swaminathan, Psy.D. (518) 461-0281
- Past President: Moshe Wurgaft, Ph.D., LMHC (413) 230-7027
- Secretary: Sarah Abel, LICSW (413) 230-9227
- Treasurer: Geoffrey Locke, Ph.D., LICSW (413) 250-7039
- Website: Moshe Wurgaft, Ph.D., LMHC (413) 230-7027

**Area Representatives:**

- Albany and Hudson Valley: Robin Murray, LICSW (212) 627-7710
- Berkshire County: Amy Taylor, Ph.D. (413) 304-5235
- Pioneer Valley: Patricia R. Everett, Ph.D. (413) 256-3539

**Committee Chairs:**

- Program: Benjamin Addleson, Ph.D. (413) 358-5936
- Christine Burbank, MSW (413) 499-5258
- Frances Lippmann, Ph.D. (413) 298-3862
- Judith Rosenberger, Ph.D. (212) 987-8239
- Education: Jyoti Swaminathan, Psy.D. (518) 461-0281
- Publicity: Jean Clarke-Mitchell, MSW, LICSW (413) 218-6467
- Membership: Robert Chalif, Psy.D. (413) 461-3051
- Members-at-Large:
  - Paul Lippmann, Ph.D. (413) 298-3862
  - Claire Rosenberg, MSW, LICSW (413) 528-0700
  - Lyn Yonack, MA, MSW (413) 528-5833
  - Joanne Yuman, Ph.D., ABPP (413) 298-7146

**Contact:** Jyoti Swaminathan, Psy.D.
WMAAPP President
(518) 461-0281 contact@wmaapp.org

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**2020 MEMBERSHIP APPLICATION / RENEWAL**

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<th>Amount</th>
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<tr>
<td>Student Member</td>
<td>$10</td>
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<td>Additional donation</td>
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</tbody>
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(Students: include photocopy of current, valid I.D. Note: I.D. must show expiration date)

**Please Print**

- Name ________________________________
- Degree ______________________________

**Information to be printed in the Directory:**
Mailing Address (P.O. Box, if required):

Street _________________________________
City ________________________________
State _________________  Zip_______________

Work Phone: _____________________________
E-mail: ________________________________
Fax: ____________________________________

APA Member? ______ Division 39 Member? ___

- Do you want to receive Study Group notices by email? YES ____ NO ____
- Do you want to be listed on the website? Please fill out information on other side.

Enclosed is my check for:

<table>
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<td>Additional donation</td>
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Please make your check payable to WMAAPP and mail with your application to:

WMAAPP
376 Old Columbia St., Adams, MA 01220

If you need financial assistance, please contact Jyoti Swaminathan, Psy.D.
Be listed on the WMAAPP website, www.wmaapp.org

Promotion of our members is a benefit of belonging to WMAAPP. Having your information listed on the website will allow others to find you for referral and/or professional contact.

If you would like to have your name, credentials, practice information and a brief description of the work you do listed on the WMAAPP website, please fill out the form below.

Do not provide any information about yourself that you are not comfortable disclosing publicly.

Name and credentials:

____________________________________________

Practice contact information:

Address: ____________________________________

City/State/Zip: ________________________________

Phone #: ____________________________________

Website URL: ________________________________

Email: _______________________________________

I work with:

____ adults
____ adolescents
____ children
____ couples
____ families

Information about your work or specialties:
(please print and limit your input to 150 characters to avoid having your information edited)

____________________________________________

____________________________________________

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This information can also be emailed to: cindyracine66@gmail.com