COR NORTHWEST FAMILY DEVELOPMENT CENTER

Please fill out this form and mail with your payment to NWFDC 1711 12th Avenue, Seattle, WA 98122

Membership Form ☐ I understand my membership fee applies to the term July to June.

Name_____ Degree_____

Mailing Address_____

City_____ State_____ Zip_____

Office Phone_____ Office Fax_____

E-mail_____

Do you want to be included in the Practice Directory? Yes____ No____

If you have a different address for the directory, please provide it on the line below.

_____

Please check each treatment modality that you practice.

____Psychoanalysis	____Adults	____Trauma/Abuse
____Groups	____Adolescents	____Substance Abuse
____Couples	____Children	____Eating Disorders
____Families	____Mother & Infants	____Medications

Other_____

(We assume all clinicians do psychoanalytic psychotherapy.)

Full Supporting Membership ($75) $_____

Student Membership ($35) $_____
(Full time-Undergraduate or Graduate Enrollment)

University Name_____

Retired Membership ($35) $_____

Newsletter Subscription only ($30) $_____

Tax Deductible Donation $_____

Total $_____

Please direct my donation as follows: _____

_____

_____

Tax Deductible Donations

We are a small non-profit organization and therefore gratefully accept donations. All donations are tax deductible and we will provide you with a statement for your files. Please specify where you would like your donation directed-general or specific/building fund, scholarship, or programs. Thank you!