



**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 (\$35) \$ _____

Tax Deductible Donation \$ _____

Total \$ _____

Please direct my donation as follows: _____

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