
MEMBERSHIP APPLICATION

APA General Member

- I am a physician who has completed acceptable psychiatry training (as approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons (Canada) or the American Osteopathic Association) and I have a valid license to practice medicine or I have an academic, research or governmental position that does not require licensure.
- I am applying for membership in the following APA and District Branch/State Association: _____
(Please see APA District Branch/State Association list on back cover of brochure)

Are you a former member of APA? Yes No

BIOGRAPHICAL INFORMATION

	•		•		•	
LAST NAME		FIRST NAME		MI		SUFFIX
PREFERRED MAILING ADDRESS (LINE 1) <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE						
PREFERRED MAILING ADDRESS (LINE 2)						DEGREE (M.D., Ph.D., MPH)
CITY, STATE/PROVINCE, ZIP/POSTAL CODE						
AREA CODE AND HOME TELEPHONE	AREA CODE AND OFFICE NUMBER	AREA CODE AND FAX NUMBER		<input type="checkbox"/> HOME	<input type="checkbox"/> OFFICE	
E-MAIL ADDRESS						
LANGUAGES SPOKEN (OTHER THAN ENGLISH)				•	COUNTRY OF BIRTH	
OPTIONAL SECONDARY ADDRESS (LINE 1) <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE						
OPTIONAL SECONDARY ADDRESS (LINE 2)						
CITY, STATE/PROVINCE, ZIP/POSTAL CODE						

DEMOGRAPHIC DATA

The following categories are for statistical purposes only. This information will not be considered in connection with your application for membership. Please select one description for each category.

Gender: Male Female

Ethnicity/Race:

- American Indian/Eskimo/Aleut/Native Hawaiian
- Mexican/Mexican-American
- Puerto Rican
- Other Spanish Descent (Cuban, Central or South American)
- Filipino
- Indian/Pakistan/Ceylonese/Malay
- Japanese/Chinese/Korean (Other Asian)
- African American/Black
- Caucasian (including Middle Eastern)
- Other _____

Primary Practice Setting:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Solo office <input type="checkbox"/> Group office <input type="checkbox"/> Private general hospital <input type="checkbox"/> Public general hospital <input type="checkbox"/> Federal hospital (VA/military) <input type="checkbox"/> Private psychiatric hospital <input type="checkbox"/> Public psychiatric hospital | <ul style="list-style-type: none"> <input type="checkbox"/> Staff or group-model HMO clinic <input type="checkbox"/> Private clinic—outpatient facility <input type="checkbox"/> Public clinic—outpatient facility <input type="checkbox"/> Medical school, university <input type="checkbox"/> Nursing home <input type="checkbox"/> Correctional facility <input type="checkbox"/> Other |
|--|---|

ACADEMIC TRAINING

Medical School

SCHOOL		
CITY/STATE OR COUNTRY		
STARTED (MONTH/YEAR)	FINISHED (MONTH/YEAR)	DEGREE

Psychiatric Residency Training (and other medical specialty training, including fellowship programs; list the most recent training first and include copies of training certificates)

TRAINING PROGRAM/SCHOOL		
CITY/STATE OR COUNTRY		
STARTED (MONTH/YEAR)	FINISHED (MONTH/YEAR)	SPECIALTY
TRAINING PROGRAM/SCHOOL		
CITY/STATE OR COUNTRY		
STARTED (MONTH/YEAR)	FINISHED (MONTH/YEAR)	SPECIALTY

District Branch Office Use Only:

DB	DATE RECEIVED
AUTHORIZED DB SIGNATURE	LICENSURE REQUIREMENT MET? <input type="checkbox"/> YES <input type="checkbox"/> NO

APA GENERAL MEMBERSHIP APPLICATION

The American Psychiatric Association/District Branch/State Association membership year runs from January 1 through December 31. Members enrolled in or after February are invoiced a prorated amount for APA/District Branch membership dues. Membership is continuous on an annual basis, unless written notification is received from the member or the membership is terminated for nonpayment of membership dues or failure to meet the APA—District Branch/State Association joint membership requirement. Because APA is a 501(c)(6) organization, the national dues are not deductible as a charitable contribution for federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses. The basic subscription for each periodical listed below is included in the dues in the amount shown and is not deductible therefrom. Individual subscriptions may not be purchased at these prices: *The American Journal of Psychiatry* (12x/yr.) \$168 and *Psychiatric News* (24x/yr.) \$76. (Subscription rates are subject to change.) District Branch/State Association dues are fixed by each individual branch. APA national dues are waived for the first year for new resident members. Many District Branches and State Associations also waive local dues for the first year.

Enrollment is effective the first month following receipt in the APA Membership Department of your District Branch/State Association approved application. Membership in APA and the District Branch/State Association is simultaneous; you must be a member of both to be a member of either.

To ensure prompt processing of your membership application, be sure to:

- Sign and date the membership application.
- Do NOT send payment for membership dues with this application. You will be billed following enrollment.

Please complete and return BOTH copies of this application to:



American Psychiatric Association
Membership Department MS#5 1808
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901

www.psych.org
Email: apa@psych.org
Fax: 703-907-1085

Questions?

Call 1-888-35-PSYCH or 703-907-7300