

**American Psychiatric Association**

Membership Department MS#5 1808  
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**PERMANENT INACTIVE STATUS REQUEST FOR MEMBERS WHO ARE FULLY RETIRED**

The APA Board of Trustees confers all requests for transfer to Permanent Inactive Status, upon recommendation of the APA Membership Committee. Requests for Permanent Inactive Status **must** also be made to the district branch, since Inactive Status cannot be held in the APA without also being held at the district branch level. **If we do not receive this completed form within thirty days, we will assume you are not interested in Inactive Status.**

Member Name \_\_\_\_\_ APA ID# \_\_\_\_\_

Mailing Address (line 1) \_\_\_\_\_

Mailing Address (line 2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code and Telephone \_\_\_\_\_ Area Code and Fax \_\_\_\_\_ Email Address \_\_\_\_\_

District Branch Name \_\_\_\_\_

I am requesting transfer of my membership to Permanent Inactive status because I am now **fully retired** from all work as a psychiatrist. As a member holding Permanent Inactive Status, I understand the following:

- Any outstanding membership dues will be waived.
- I will not pay dues or assessments.
- I will receive future hardcopies of *The American Journal of Psychiatry* and *Psychiatric News* (*Psychiatric News* is available online free of charge) by subscription only at a discounted rate (1-888-35-PSYCH).
- I can attend APA conventions and other meetings at the discounted member rate.
- I can obtain member discounts on APPI publications.
- I will continue to receive an annual membership card.
- I can no longer hold office or vote.
- I will no longer receive credit toward the 95 point formula for attaining Life status.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: District Branch (APA will forward copy of completed form to the district branch.)

<b>FOR INTERNAL USE ONLY</b>	
DB Recommendation _____	
For APA Use Only:	
Date to Membership Committee: _____	
Date to Board of Trustees: _____	
Approved: _____	Denied: _____