

APA International Membership Application

Detach and return the completed application by mail or fax:

American Psychiatric Association
Membership Department
800 Maine Avenue, S.W., Suite 900
Washington, DC 20024

Email:
membership@psych.org
Fax:
1-202-403-3673

Or join online at
psychiatry.org/join

PERSONAL INFORMATION

Have you been a member of the APA before? Yes No If yes, APA Member ID (if known): _____ APA Promotion Code (if applicable): _____

Family/Surname:	First Name:	Middle Initial:
Referred by APA Member (Name):	Degrees:	Date of Birth: MM/DD/YYYY
Country of Birth:	Language(s) Spoken (Other than English):	Gender:
Office Phone (Country Code/City Code/Phone):	Home Phone (Country Code/City Code/Phone):	Degree: M.D. D.O. M.B.B.S.
Fax Number (Country Code/City Code/Phone):	Cell/Mobile (Country Code/City Code/Phone):	

MAILING ADDRESS

Primary Email:	Secondary Email:
PRIMARY MAILING ADDRESS Home Office	BOARD CERTIFICATION
Street Address:	(If your country has a Board certification in psychiatry or equivalent, please list the information below.)
Street Address (Line 2):	Board Specialty:
City: State/Province:	Country: Licensing Entity:
Country: District Postal Code:	Date: MM/YYYY

EDUCATION

Medical School (Required):	DOCUMENTATION
University/School Name:	To expedite your application process, please complete the section below and attach a copy of your medical license (English or Certified Translation).
City: State: Country:	License Number (Required):
Degree: Begin Date: MM/YYYY Completion: MM/YYYY	Country: Expiration Date (If Applicable): MM/YYYY

POST GRADUATE PSYCHIATRY TRAINING	ETHICS
Training Program/School:	Has your license to practice medicine ever been revoked or suspended? Yes No
City/Country: Begin date: MM/YYYY	Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes No
Specialty: Completed: MM/YYYY	Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society? Yes No

PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES
If YES, to any of the three preceding questions, please furnish details in a confidential communication to the APA Membership Committee Chair and attach details to this application.

Name: Location:	ETHICS AGREEMENT
Name: Location:	By renewing my APA membership, I am attesting that I either am not aware of any action or investigation regarding my license to practice medicine or that I am aware of such action and will immediately send notice of the action or investigation to APA by electronic mail to apaethics@psych.org . APA's Ethics Committee may follow up with you in the event it receives notice of an action or investigation from you.

AGREEMENT

In consideration of my membership in the APA, which I understand is a privilege and not a right, I agree that APA may make inquiries about me and that I am not entitled to the results, that I will pay the dues required on or before the due date, that I will adhere to the standards of ethical practice and conduct as well as the procedures outlined in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, that APA may publish my membership data in its membership database to which all members and third parties permitted by APA will have access, that APA may provide government authorities all information pertaining to me if in receipt of a subpoena from authorities or if the institution seeking the information is a public institution which has paid all or any portion of my membership dues or CME fees, and that I will hold APA harmless from any and all liability arising out of or relating to my membership, including but not limited to, decisions concerning membership, ethics, and/or the provision or storage of my personal and/or financial information. Any disputes that arise out of or relate to this agreement and/or my membership shall be governed by District of Columbia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the District of Columbia.

By checking this box, I understand that an electronic (typed) signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: _____ Date: MM/DD/YYYY

MEMBERSHIP DUES

APA International Membership is annual from January 1 through December 31. International membership dues are payable in USD and are not prorated. **Please see World Bank country list (on the back) to determine your country of residence income group category.**

PAYMENT INFORMATION

Check enclosed payable in US funds from a US Bank.
Credit Card: Visa MasterCard American Express

Amount to Be Charged (USD):
\$ _____

Credit Card Number: _____

Name As It Appears On Card: _____

Expiration Date: MM/YYYY Security Code: _____

Signature _____ Date: MM/DD/YYYY

APA International Membership Dues

APA International Membership is annual from January 1 through December 31.

Special promotion for new International Members! Join APA and receive a one-time 25% discount off your first year's membership dues. APA's International Membership dues are based on your country of residence income group category as defined by the World Bank.

Income Category Group	Annual Dues Rate	Dues After One-Time 25% Discount
High Income (HI)	USD \$223.00	USD \$167.00
Upper Middle Income (UMI)	USD \$191.00	USD \$143.00
Lower Middle Income (LMI)	USD \$138.00	USD \$104.00
Low Income (LI)	USD \$53.00	USD \$40.00

COUNTRY LIST & Income Category Group (defined by World Bank as of 2023)

AFGHANISTAN.....	LI	CONGO, DEM. REP.....	LI	HUNGARY.....	HI	MOLDOVA.....	UMI	SLOVAK REPUBLIC.....	HI
ALBANIA.....	UMI	CONGO, REP.....	LMI	ICELAND.....	HI	MONACO.....	HI	SLOVENIA.....	HI
ALGERIA.....	UMI	COSTA RICA.....	UMI	INDIA.....	LMI	MONGOLIA.....	LMI	SOLOMON ISLANDS.....	LMI
AMERICAN SAMOA.....	UMI	CÔTE D'IVOIRE.....	LMI	INDONESIA.....	LMI	MONTENEGRO.....	UMI	SOMALIA.....	LI
ANDORRA.....	HI	CROATIA.....	HI	IRAN, ISLAMIC REP.*.....	LMI	MOROCCO.....	LMI	SOUTH AFRICA.....	UMI
ANGOLA.....	LMI	CUBA*.....	UMI	IRAQ.....	UMI	MOZAMBIQUE.....	LI	SOUTH SUDAN.....	LI
ANTIGUA & BARBUDA.....	HI	CURACAO.....	HI	IRELAND.....	HI	MYANMAR.....	LMI	SPAIN.....	HI
ARGENTINA.....	UMI	CYPRUS.....	HI	ISLE OF MAN.....	HI	NAMIBIA.....	UMI	SRI LANKA.....	LMI
ARMENIA.....	UMI	CZECH REPUBLIC.....	HI	ISRAEL.....	HI	NAURU.....	UMI	ST. KITS & NEVIS.....	HI
ARUBA.....	HI	DENMARK.....	HI	ITALY.....	HI	NEPAL.....	LI	ST. LUCIA.....	UMI
AUSTRALIA.....	HI	DJIBOUTI.....	LMI	JAMAICA.....	UMI	NETHERLANDS.....	HI	ST. MARTIN (FRENCH PART).....	HI
AUSTRIA.....	HI	DOMINICA.....	UMI	JAPAN.....	HI	NEW CALEDONIA.....	HI	ST. VINCENT & THE GRENADINES.....	UMI
AZERBAIJAN.....	UMI	DOMINICAN REPUBLIC.....	UMI	JORDAN.....	UMI	NEW ZEALAND.....	HI	SUDAN.....	LMI
BAHAMAS, THE.....	HI	ECUADOR.....	UMI	KAZAKHSTAN.....	UMI	NICARAGUA.....	LMI	SURINAME.....	UMI
BAHRAIN.....	HI	EGYPT, ARAB REP.....	LMI	KENYA.....	LMI	NIGER.....	LI	SWEDEN.....	HI
BANGLADESH.....	LMI	EL SALVADOR.....	LMI	KIRIBATI.....	LMI	NIGERIA.....	LMI	SWITZERLAND.....	HI
BARBADOS.....	HI	EQUATORIAL GUINEA.....	UMI	KOREA, DEM PEOPLE'S REP.*.....	LI	NORTH MACEDONIA.....	UMI	SYRIAN ARAB REPUBLIC*.....	LI
BELARUS.....	UMI	ERITREA.....	LI	KOREA, REP.....	HI	NORTHERN MARIANA ISLANDS.....	HI	TAIWAN, CHINA.....	HI
BELGIUM.....	HI	ESTONIA.....	HI	KOSOVO.....	UMI	NORWAY.....	HI	TAJIKISTAN.....	LMI
BELIZE.....	UMI	ESWATINI.....	LMI	KUWAIT.....	HI	OMAN.....	HI	TANZANIA.....	LI
BENIN.....	LI	ETHIOPIA.....	LI	KYRGYZ REPUBLIC.....	LMI	PAKISTAN.....	LMI	THAILAND.....	UMI
BERMUDA.....	HI	FAEROE ISLANDS.....	HI	LAO PDR.....	LMI	PALAU.....	UMI	TIMOR-LESTE.....	LMI
BHUTAN.....	LMI	FIJI.....	UMI	LATVIA.....	HI	PANAMA.....	HI	TOGO.....	LI
BOLIVIA.....	LMI	FINLAND.....	HI	LEBANON.....	LMI	PAPUA NEW GUINEA.....	LMI	TONGA.....	UMI
BOSNIA & HERZEGOVINA.....	UMI	FRANCE.....	HI	LESOTHO.....	LMI	PARAGUAY.....	UMI	TRINIDAD & TOBAGO.....	HI
BOTSWANA.....	UMI	FRENCH POLYNESIA.....	HI	LIBERIA.....	LI	PERU.....	UMI	TUNISIA.....	LMI
BRAZIL.....	UMI	GABON.....	UMI	LIBYA.....	UMI	PHILIPPINES.....	LMI	TURKEY.....	UMI
BRITISH VIRGIN ISLANDS.....	HI	GAMBIA, THE.....	LI	LIECHTENSTEIN.....	HI	POLAND.....	HI	TURKMENISTAN.....	UMI
BRUNEI DARUSSALAM.....	HI	GEORGIA.....	UMI	LITHUANIA.....	HI	PORTUGAL.....	HI	TURKS & CAICOS ISLANDS.....	HI
BULGARIA.....	UMI	GERMANY.....	HI	LUXEMBOURG.....	HI	QATAR.....	HI	TUVALU.....	UMI
BURKINA FASO.....	LI	GHANA.....	LMI	MACAO SAR, CHINA.....	HI	ROMANIA.....	HI	UGANDA.....	LI
BURUNDI.....	LI	GIBRALTAR.....	HI	MACEDONIA, FYR.....	UMI	RUSSIAN FEDERATION.....	UMI	UKRAINE*.....	LMI
CABO VERDE.....	LMI	GREECE.....	HI	MADAGASCAR.....	LI	RWANDA.....	LI	UNITED ARAB EMIRATES.....	HI
CAMBODIA.....	LMI	GREENLAND.....	HI	MALAWI.....	LI	SAMOA.....	LMI	UNITED KINGDOM.....	HI
CAMEROON.....	LMI	GRENADA.....	UMI	MALAYSIA.....	UMI	SAN MARINO.....	HI	URUGUAY.....	HI
CAYMAN ISLANDS.....	HI	GUAM.....	HI	MALDIVES.....	UMI	SÃO TOMÉ AND PRÍNCIPE.....	LMI	UZBEKISTAN.....	LMI
CENTRAL AFRICAN REPUBLIC.....	LI	GUATEMALA.....	UMI	MALI.....	LI	SAUDI ARABIA.....	HI	VANUATU.....	LMI
CHAD.....	LI	GUINEA.....	LI	MALTA.....	HI	SENEGAL.....	LMI	VENEZUELA, RB.....	UMI
CHANNEL ISLANDS.....	HI	GUINEA-BISSAU.....	LI	MARSHALL ISLANDS.....	UMI	SERBIA.....	LMI	VIETNAM.....	LMI
CHILE.....	HI	GUYANA.....	UMI	MAURITANIA.....	LMI	SEYCHELLES.....	HI	WEST BANK & GAZA.....	LMI
CHINA.....	UMI	HAITI.....	LMI	MAURITIUS.....	UMI	SIERRA LEONE.....	LI	YEMEN, REP.....	LI
COLOMBIA.....	UMI	HONDURAS.....	LMI	MEXICO.....	UMI	SINGAPORE.....	HI	ZAMBIA.....	LI
COMOROS.....	LMI	HONG KONG SAR, CHINA.....	HI	MICRONESIA, FED. STS.....	LMI	SINT MAARTEN (DUTCH PART).....	HI	ZIMBABWE.....	LMI

*Individuals from countries against which the United States Treasury Office of Foreign Assets Control has issued comprehensive sanctions (including Cuba, Iran, North Korea, Syria and the Crimea Region of Ukraine) are eligible to receive information and informational materials only, as allowed by the exemptions within the relevant OFAC sanctions programs. For questions, please contact membership@psych.org.