

APA General Membership Application

Complete online 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:
202-403-3673

Or join online at
[psychiatry.org/join](https://www.psychiatry.org/join)

Have you been a member of the APA before? Yes No If yes, APA Member ID (if known): _____ Referred by APA Member (Name): _____

PERSONAL INFORMATION

Family/Last name:	First Name:	Middle Initial:
Other last names Used Professionally: (for verification purposes only)	Country of Birth:	Date of Birth: MM/DD/YYYY
Office Phone: (Area code/number):	Home Phone: (Area code/number):	Gender:
Fax Number (Area code/number):	Cell/Mobile (Area code/number):	Degree: M.D. D.O. M.B.B.S.
Primary Email:	Secondary Email:	

MAILING ADDRESS

PRIMARY MAILING ADDRESS		SECONDARY MAILING ADDRESS	
Home	Office	Home	Office
Street Address:		Street Address:	
Street Address (Line 2):		Street Address (Line 2):	
City:	State/Province:	City:	State/Province:
Country:	Zip/ Postal Code:	Country:	Zip/ Postal Code:

EDUCATION

Medical School (Required):	PSYCHIATRY RESIDENCY TRAINING (REQUIRED)		
University/School Name:	Training Program/School Name:		
City:	State:	Country:	City/ State, Country:
Degree:	Begin Date: MM/YYYY	Completion: MM/YYYY	Begin Date: MM/YYYY Completion: MM/YYYY

FELLOWSHIP/ADDITIONAL TRAINING (IF APPLICABLE)	ETHICS (REQUIRED)	
Training Program/School Name:	Has your license to practice medicine ever been revoked or suspended?	Yes No
City:	Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	Yes No
State:	Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society?	Yes No
Country:	<i>If you responded YES to any of the three preceding questions, please furnish details in a confidential communication by email to apaethics@psych.org.</i>	

BOARD CERTIFICATION	CERTIFICATION DATE - VALID THRU DATE	RESIDENCY TRAINING VERIFICATION
American Board of Psychiatry and Neurology:	MM/YYYY MM/DD/YYYY	A certificate of residency training completion is required, unless board certified by ABPN, AOA, or RCPS(C).
ABPN Sub-Specialty (Specify):	MM/YYYY MM/DD/YYYY	MEDICAL LICENSURE
American Osteopathic Board of Neurology and Psychiatry:	MM/YYYY MM/DD/YYYY	State and License Number (Required*) Expiration Date: MM/DD/YYYY
Royal College of Physicians and Surgeons of Canada:	MM/YYYY MM/DD/YYYY	*Not required if you are a psychiatrist in an academic, research, or government position not requiring a license.
Other (Specify):	MM/YYYY MM/DD/YYYY	<input type="checkbox"/> Check here if license not required.

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NATIONAL AND LOCAL MEMBERSHIP DUES

Members of the national APA must also belong to the local District Branch. DB will be assigned based on the member's preferred mailing address or current military service. Applicants may request an alternative DB (either where applicant lives or works) by contacting the APA Membership Department.

2019-2020 APA MEMBERSHIP DUES

- \$148 – 1st Year in Practice after Residency (\$92 for Canadians)
- \$204 – 2nd Year in Practice after Residency (\$128 for Canadians)
- \$265 – 3rd Year in Practice after Residency (\$163 for Canadians)
- \$352 – 4th Year in Practice after Residency (\$214 for Canadians)
- \$439 – 5th Year in Practice after Residency (\$270 for Canadians)
- \$530 – 6th Year in Practice after Residency (\$321 for Canadians)
- \$587 – 7th Year and beyond (\$357 for Canadians)

District Branch/State Association dues and tax reporting information vary by state. Please visit psychiatry.org/join for details.

The APA, DB, and, if applicable, SA membership year runs from January 1 through December 31. Membership is continuous on an annual basis, unless written notification is received from the member or dues are not paid by the March 31 deadline. For new members, dues are pro-rated on a quarterly basis for the first year. Contact the Membership Department if you need clarification on the dues payment amount to send with your application: call 1-888-357-7924 or email membership@psych.org.

PAYMENT INFORMATION

Check enclosed. Must make payable to APA and remit in U.S. funds drawn on a U.S. 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

AGREEMENT

In consideration of my membership in the APA and the District Branch, 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, the District Branch, and if applicable, the State Association 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. Upon review and acceptance of an application by the APA, you will be given provisional membership, and full APA benefits, while the District Branch (DB) reviews the application. Voting rights will not commence until you become a fully recognized member in the DB (including payment of dues) at which time you will be a fully recognized member of the APA and the DB. If a DB rejects an application, the reason will be provided along with a full refund of payment.

By renewing my APA membership, I am attesting that I either am not aware of any action or investigation by any state board of medicine 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.

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

Early Career Psychiatrists (ECPs)

ECPs are General Members of the APA who are within their first seven years after completion of training (ACGME accredited residency/fellowship). **Dues are reduced for the first six years of General Membership** to ease the financial burdens of early career psychiatrists.

Stay Connected

- [LinkedIn.com](https://www.linkedin.com/company/american-psychiatric-association) – search for American Psychiatric Association
- [Twitter.com](https://twitter.com/APAPsychiatric) – follow @APAPsychiatric
- [Facebook.com](https://www.facebook.com/AmericanPsychiatricAssociation)/AmericanPsychiatricAssociation
- [Instagram.com](https://www.instagram.com/apapsychiatric) – @apapsychiatric