

International Member

Membership Guide and Application
for Joining Psychiatry's Global Community



Medical leadership for mind, brain and body.



JOIN ONLINE at
psychiatry.org/join

Join the American Psychiatric Association (APA) as an International Member (for psychiatrists outside of the U.S. and Canada) and become part of the world's largest psychiatric membership organization, now over 36,000 members strong from over 100 countries.

Membership with the APA means being part of a global community of psychiatrists dedicated to promoting the highest quality care for patients. APA is committed to providing continuing education and research into mental illnesses, advocating for psychiatrists, and advancing global mental health issues.

Discover the value of APA International Membership. Your benefits include:



APA JOURNALS

Receive free online subscriptions to *The American Journal of Psychiatry* (a \$294 value) and *Psychiatric News*. Discount subscriptions to *Psychiatric Services* (a \$36 value) and *Focus* (a \$213 value).



E-LEARNING

Access discounted online learning modules with world-class clinical content, and past APA Annual Meeting sessions.



APA PUBLICATIONS

Receive a 20% discount on more than 700 books and journals including books in 29 languages and DSM-5.



APA MEETINGS

Attend and save on registration to the APA Annual Meeting, the largest psychiatric meeting in the world (a \$640 value) and IPS: The Mental Health Services Conference (a \$60 value).



NETWORKING

Access APA members from around the world through the online membership database.



INTERNATIONAL ADVOCACY

Access valuable information and resources to help you participate as a voice for psychiatry and mental health.

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. There are four categories:

Income Category Group	Annual Dues Rate	Dues After One-Time 25% Discount
High Income (HI)	\$214.00 USD	\$161.00 USD
Upper Middle Income (UMI)	\$184.00 USD	\$138.00 USD
Lower Middle Income (LMI)	\$133.00 USD	\$99.00 USD
Low Income (LI)	\$51.00 USD	\$38.00 USD

COUNTRY LIST

& Income Category Group (defined by World Bank as of 2015)

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

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 2002

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

Or **Join online** at
psychiatry.org/join

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

PERSONAL INFORMATION

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Office Phone (Country Code/City Code/Phone):	Home Phone (Country Code/City Code/Phone):	
Fax Number (Country Code/City Code/Phone):	Cell/Mobile (Country Code/City Code/Phone):	

MAILING ADDRESS

Primary Email:	Secondary Email:
PRIMARY MAILING ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> 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: District	Country: Licensing Entity:
Country: 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: Completion:	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty: Completed: MM/YYYY	Have you ever been held liable for civil or criminal sanctions by a regulatory or law enforcement body or by a professional society for illegal or unethical professional conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES	<i>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.</i>
Name: Location:	
Name: Location:	

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.

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