



Membership Department
 1000 Wilson Blvd, Suite 1825
 Arlington, VA 22209-3901
www.psychiatry.org
 Email: apa@psych.org; Fax: 703-907-1085

Date sent to member: _____

PAYMENT PLAN INFORMATION UPDATE FOR MEMBERSHIP DUES

Update your Scheduled Payment Plan information to continue your APA and local dues automatically charged to your credit card in monthly installments. Complete this form and fax it to the APA Membership Department at 703.907.1085 or mail it to American Psychiatric Association, Membership Department at the address listed. Please note that this payment plan program can be used to pay district branch dues only if your district branch participates in centralized dues billing (see renewal notice).

MEMBER NAME _____

APA ID _____

AREA CODE AND TELEPHONE _____

AREA CODE AND FAX _____

EMAIL ADDRESS _____

Please charge my: American Express MasterCard Visa

NAME AS IT APPEARS ON CREDIT CARD _____

CARD NUMBER _____

EXPIRATION DATE _____

CID/CVV# (SECURITY CODE) _____

CREDIT CARD MAILING ADDRESS _____

CITY/STATE/PROVINCE _____

COUNTRY _____

POSTAL CODE _____

MEMBER SIGNATURE _____

DATE _____

FAX COMPLETED FORM TO:
 703-907-1085

MAIL COMPLETED FORM TO:
 AMERICAN PSYCHIATRIC ASSOCIATION
 MEMBERSHIP DEPARTMENT
 1000 WILSON BLVD, SUITE 1825
 ARLINGTON, VA 22209-3901