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

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

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

FOR INTERNAL USE ONLY

DB Recommendation
For APA Use Only: Date to Membership Committee: _____
 	
                       Date to Board of Trustees: _____
 	
                       Approved: _____   Denied: _____