



# FAX PAYMENT FORM FOR INTERNATIONAL MEMBERSHIP DUES

To:	Fax #:
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Comments:	

**Instructions:** In order to finalize the enrollment process for International Membership, the APA requires membership dues payment in advance. All payments must be made in U.S. Dollars. In order to pay by credit card (American Express, MasterCard, VISA), please complete this form and return it via fax to the APA Membership Department at +1-703-907-1085.

For all other methods of payments (check drawn on US bank), please return your payment to the American Psychiatric Association, Membership Department, 1000 Wilson Blvd Suite 1825, Arlington, VA 22209-3901, United States of America.

Please contact us for any and all questions concerning your membership dues at +1-703-907-7300 or [intlmbr@psych.org](mailto:intlmbr@psych.org).

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Please charge my:  Visa  MasterCard  American Express

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ CID/CVV Number (Security Code): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Please apply the above credit card information for membership dues in the amount of \$ \_\_\_\_\_ USD

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Via Fax to +1-703-907-1085**