

APA General Membership  
Application (Continued from inside)

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			Has your license to practice medicine ever been revoked or suspended?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

<b>NATIONAL AND LOCAL MEMBERSHIP DUES</b> 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. <b>APA MEMBERSHIP DUES</b> \$153 – 1st Year in Practice after Residency (\$93 for Canadians) \$214 – 2nd Year in Practice after Residency (\$130 for Canadians) \$275 – 3rd Year in Practice after Residency (\$167 for Canadians) \$366 – 4th Year in Practice after Residency (\$223 for Canadians) \$458 – 5th Year in Practice after Residency (\$278 for Canadians) \$549 – 6th Year in Practice after Residency (\$334 for Canadians) \$610 – 7th Year and beyond (\$371 for Canadians)	<b>District Branch/State Association dues and tax reporting information vary by state. Please visit <a href="https://psychiatry.org/join">psychiatry.org/join</a> for details.</b> 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 <a href="mailto:membership@psych.org">membership@psych.org</a> .
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<b>PAYMENT INFORMATION</b>	
Check enclosed. Must make payable to APA and remit in U.S. funds drawn on a U.S. bank.	Credit Card Number:
Credit Card: Visa MasterCard American Express	Name As It Appears On Card:
Amount to be Charged (USD): \$	Expiration Date: MM / YYYY Security Code:
Signature	Date: MM / DD / YYYY

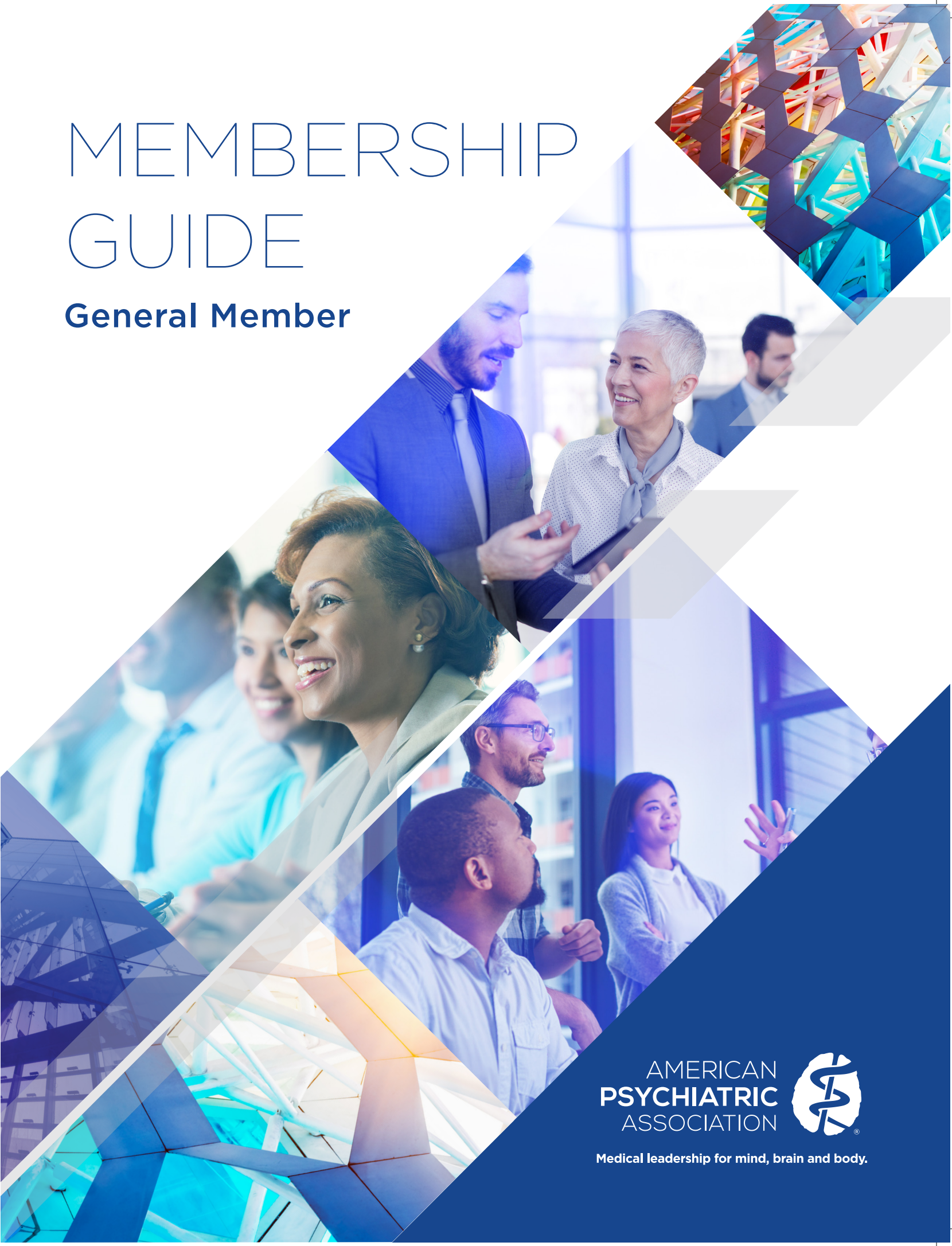
**AGREEMENT**

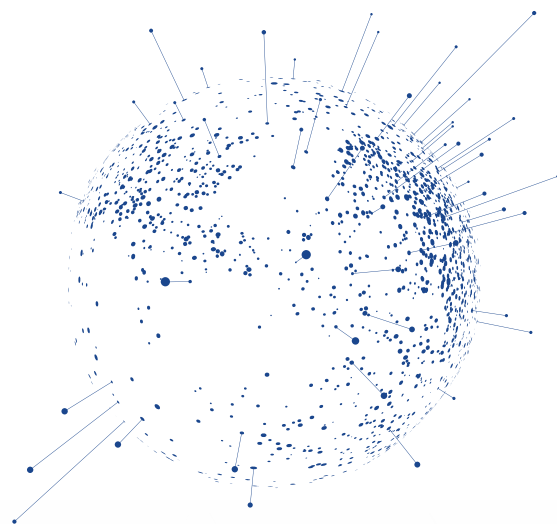
In consideration of my membership in the APA and the District Branch, which I understand is a privilege and not a right, I agree that APA may make inquiries about me and that I am not entitled to the results, that I will pay the dues required on or before the due date, that I will adhere to the standards 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](mailto: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.

Signature:	Date: MM / DD / YYYY
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MEMBERSHIP  
GUIDE  
General Member





The **LARGEST** psychiatric membership organization in the world

With more than **38,900** members

In over **100** countries

Advancing Psychiatry, Together



Journals & Publications

Receive print and online subscriptions to *The American Journal of Psychiatry*, *Psychiatric News* and a discounted subscription to *Psychiatric Services*. Plus, discounts on more than 700 books and other journals.



Practice Tools

Participate in PsychPRO, APA's mental health registry, and get access to COVID-19 resources, practice resources and tools, including our Practice Management HelpLine, Reimbursement and Coding Services, Clinical Practice Guidelines, Find a Psychiatrist database, HIPAA Guides and much more.



e-Learning

Advance your clinical and professional competencies with access to free online CME learning modules, including Performance in Practice (PIP) and Self-Assessment modules. Also utilize the on-demand CME, Members Course of the Month.



Live Learning

Save on registration to the APA Annual Meeting, the largest psychiatric meeting, and The Mental Health Services Conference (formerly IPS).



Networking & Career Development

Make meaningful connections with a global community of psychiatrists through leadership opportunities, national and local meetings and events, APA caucuses, and online communities.



Get Involved

Support APA's mission and the psychiatric profession through the Congressional Advocacy Network, the APA PAC, and staying informed on the most pressing issues of the day.

Find the full list at [psychiatry.org/join](https://psychiatry.org/join)

*\*Member benefits are subject to change.*

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.

APA General Membership Application

Complete online or detach and 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](mailto:membership@psych.org)  
Scan/Fax: 202-403-3673

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

PERSONAL INFORMATION

Have you been a member of the APA before?		Yes	No	If yes, APA Member ID (if known):		Referred by APA Member (Name):	
I am currently fully retired or semi-retired. Please contact me to determine if I qualify for the Retired or Semi-Retired Membership Categories.		Yes	No	Are you active military?		Yes	No
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		Home	Office	SECONDARY MAILING ADDRESS		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		