

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.

Income Category Group	Annual Dues Rate	Dues After One-Time 25% Discount
High Income (HI)	USD \$223.00	USD \$167.00
Upper Middle Income (UMI)	USD \$191.00	USD \$143.00
Lower Middle Income (LMI)	USD \$138.00	USD \$104.00
Low Income (LI)	USD \$53.00	USD \$40.00

COUNTRY LIST  
& Income Category Group  
*(defined by World Bank as of 2021)*

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

\*Individuals from countries against which the United States Treasury Office of Foreign Assets Control has issued comprehensive sanctions (including Cuba, Iran, North Korea, Syria and the Crimea Region of Ukraine) are eligible to receive information and informational materials only, as allowed by the exemptions within the relevant OFAC sanctions programs. For questions, please contact membership@psych.org.

MEMBERSHIP  
GUIDE

International  
Member



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\*Member benefits are subject to change.

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 20024  
USA

Email:  
[membership@psych.org](mailto:membership@psych.org)  
Scan/Fax:  
1-202-403-3673

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):		APA Promotion Code (if applicable):	
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:		
Office Phone (Country Code/City Code/Phone):		Home Phone (Country Code/City Code/Phone):			Degree: M.D. D.O. M.B.B.S.		
Fax Number (Country Code/City Code/Phone):		Cell/Mobile (Country Code/City Code/Phone):					

MAILING ADDRESS

Primary Email:		Secondary Email:	
PRIMARY MAILING ADDRESS Home Office		INITIAL 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:	
Country:		District Postal Code:	
		Country:	
		Licensing Entity:	
		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:		License Number (Required):	
State:		Country:	
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?	
City/Country:		Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?	
Specialty:		Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society?	

PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES		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> .	
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.

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.		Amount to Be Charged (USD):	
Credit Card:	Visa MasterCard American Express	\$	
Credit Card Number:			
Name As It Appears On Card:			
Expiration Date: MM/YYYY		Security Code:	
Signature		Date: MM/DD/YYYY	