



Founded
1961

AMERICAN ASSOCIATION OF PSYCHIATRIC ADMINISTRATORS
"Promoting Medical Leadership in Behavioral Healthcare Systems"

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Preferred Mailing Address _____

Telephone # _____ Fax # _____

Primary Organizational Affiliation _____

Position/Title _____

Email Address _____

Medical School and Date of Graduation _____

Certified by American Board of _____ Date _____

Certified by APA Committee on Administrative Psychiatry _____ Yes _____ No _____ Date _____

Member of the APA _____ Yes _____ No _____

Committee interest _____

Other areas of interest _____

Applicant is invited to send a current Curriculum Vitae.

National Dues \$ 75.00

Chapter Dues* \$ 25.00

Dues waived for Members in Training.

New York's Chapter includes New Jersey and Connecticut.

I am a psychiatrist trained in an accredited residency training program with no ethical violations that have resulted in revoked membership of the APA, state or local medical societies.

Signature

Please mail application and one year's dues (check payable to AAPA) to:

Frances M. Bell
Executive Director

please detach at dotted line