

GENERAL MEMBERSHIP APPLICATION

Have you ever been found at fault by any medical board or professional ethics review committee, or are you now under investigation by any such group?

- Yes (if yes, please submit an explanation) No

I understand that my application will be reviewed by the Membership Committee and my regional organization. I understand that the organization may make inquiries about my professional training and practices if deemed necessary. I understand that the organization is not obligated to offer membership on the basis of this application.

I have read the AACAP Bylaws and Code of Ethics and agree to abide by them. If accepted, I pledge to abide by the regulations of the AACAP as well as to high standards of ethical practice.

I affirm that the information on this application is true.

Signature

Date

Regional Organization Membership - General Members Only

Dual membership in a regional organization is required per the Bylaws and any associated dues should be included with your enclosed payment for annual membership fees. Assignment to a regional organization should be based on the locality of practice. Please select a regional child and adolescent psychiatry organization.

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> AK-Alaska* | <input type="checkbox"/> FL-North Central Florida \$50 | <input type="checkbox"/> ME-Maine \$100 | <input type="checkbox"/> NY-New York Capital \$40 | <input type="checkbox"/> PR-Puerto Rico \$100 |
| <input type="checkbox"/> AL-Alabama \$25 | <input type="checkbox"/> FL-South Florida \$50 | <input type="checkbox"/> MI-Michigan \$110 | <input type="checkbox"/> NY-New York City \$100 | <input type="checkbox"/> RI-Rhode Island \$100 |
| <input type="checkbox"/> AR-Arkansas \$40 | <input type="checkbox"/> FL-Tampa Bay \$15 | <input type="checkbox"/> MN-Minnesota \$100 | <input type="checkbox"/> NY-New York Western \$50 | <input type="checkbox"/> SC-South Carolina \$50 |
| <input type="checkbox"/> AZ-Arizona \$50 | <input type="checkbox"/> GA-Georgia \$75 | <input type="checkbox"/> MO-St. Louis \$100 | <input type="checkbox"/> OH-Cincinnati \$80 | <input type="checkbox"/> SD-South Dakota \$50 |
| <input type="checkbox"/> CA-Central California \$195 | <input type="checkbox"/> HI-Hawaii \$100 | <input type="checkbox"/> MS-Mississippi \$35 | <input type="checkbox"/> OH-Northeast Ohio \$75 | <input type="checkbox"/> TN-Tennessee \$20 |
| <input type="checkbox"/> CA-Northern California \$270 | <input type="checkbox"/> IL-Illinois \$120 | <input type="checkbox"/> MT-Montana Blue Sky \$150 | <input type="checkbox"/> OH-Northwest Ohio* | <input type="checkbox"/> TX-Texas* |
| <input type="checkbox"/> CA-San Diego \$250 | <input type="checkbox"/> IN-Indiana \$40 | <input type="checkbox"/> NE-Nebraska \$50 | <input type="checkbox"/> OH-Ohio Central \$100 | <input type="checkbox"/> UT-Intermountain \$57 |
| <input type="checkbox"/> CA-Southern California \$230 | <input type="checkbox"/> KS-Kansas \$50 | <input type="checkbox"/> NC-North Carolina \$100 | <input type="checkbox"/> OK-Oklahoma \$75 | <input type="checkbox"/> VA-Virginia \$50 |
| <input type="checkbox"/> CO-Colorado \$170 | <input type="checkbox"/> KY-Kentucky \$45 | <input type="checkbox"/> ND-North Dakota | <input type="checkbox"/> OR-Oregon \$145 | <input type="checkbox"/> VT-Vermont \$125 |
| <input type="checkbox"/> CT-Connecticut \$160 | <input type="checkbox"/> LA-Louisiana \$40 | <input type="checkbox"/> NJ-New Jersey \$75 | <input type="checkbox"/> PA/NJ-Eastern PA/South NJ \$100 | <input type="checkbox"/> WA-Washington State \$100 |
| <input type="checkbox"/> DC-Greater Washington \$170 | <input type="checkbox"/> MA-New England* | <input type="checkbox"/> NM-New Mexico \$35 | <input type="checkbox"/> PA-Central Pennsylvania \$40 | <input type="checkbox"/> WI-Wisconsin \$75 |
| <input type="checkbox"/> DE-Delaware \$35 | <input type="checkbox"/> MD-Maryland \$100 | <input type="checkbox"/> NV-Nevada \$50 | <input type="checkbox"/> PA-Pittsburgh \$25 | <input type="checkbox"/> WY-Wyoming |
| | | | | <input type="checkbox"/> WV-West Virginia \$25 |

Note: *Regional organizations denoted with an asterisk identify a separate dues billing process. You will receive an invoice directly from the regional organization for your regional membership dues.

Demographic Information

This information provided is necessary for some AACAP federal grants.

Gender Female Male

Ethnicity Hispanic or Latino Non-Hispanic or Latino

Race American Indian or Alaska Native
 Asian
 African American or Black
 Caucasian or White
 Native Hawaiian or Other Pacific Islander
 Other)

List language(s)

Are you a member of the American Medical Association?

- Yes No

Are you a member of the American Psychiatric Association?

- Yes No

Payment Information

Please include a \$45 application processing fee in addition to your dues payment. Applications submitted after June 30 are only required to include half of the annual membership fee for the current year. Payment must be submitted by check, money order or credit card. Checks must be drawn from a U.S. bank. Send your completed application materials and dues payment to:

American Academy of Child & Adolescent Psychiatry, Attn: Member Services
3615 Wisconsin Ave, N.W.
Washington, DC 20016.

Credit Card Payment (Please note, we do not accept credit cards other than those below).

AMEX MC VISA

Total enclosed

CC #

Exp. date

Authorizing signature of cardholder

Date

You can fax your completed application with credit card payment to 202.464.0131.

PLEASE FAX THE FRONT AND BACK OF THE APPLICATION AND ANY RELEVANT VERIFICATION FORMS.

If you have questions regarding your application, please call 202.966.7300 ext. 2004 or email membership@aacap.org.