



american
society for
adolescent
psychiatry

Administrative Office:

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Dear Doctor:

We are pleased to send you the attached membership application, and hope that you will elect to become a member of this specialty psychiatric society. ASAP is a professional association whose members are psychiatrists with an active interest in **adolescence and adolescents**. ASAP's structure includes both local constituent societies (there are approximately thirteen local societies throughout the United States and Canada), as well as an equal number of members-at-large (about one-half of our current membership) who do not reside in areas served by current societies.

We hope that you will elect to seek membership. To do this, just fill out the attached application and return it to this office. Payment of current dues with the application is required, and guarantees you receipt of publications during consideration of your application.

What do you get?: Adolescent body of knowledge ... national and local fellowship ... referrals network ... clinical skills increase ... voice for adolescent psychiatry--these all identify ASAP. We invite you to join ASAP to become a recognized member of the adolescent treatment community.

Sincerely,

Frances M. Roton
Executive Director

APPLICATION FOR MEMBERSHIP

The applicant must be a member or eligible for membership in the American or Canadian Psychiatric Association in order to satisfy basic ASAP membership requirements.

Name _____ Professional Degree (s) _____

Office Address for Directory _____

Office Phone (____) _____ FAX # (____) _____ E-Mail _____

Medical School _____ Yr of Graduation _____

Internship (with Dates) _____

Residency (with Dates) _____

Other Training _____

Special Interests (in Field of Adolescent Psychiatry and Otherwise) _____

Affiliations (Hospital Appointments, Teaching Positions, Consultative Posts, etc.) _____

APA/CPA Member: YES _____ NO _____

If no, APA/CPA Eligible: YES _____ NO _____

Other Professional Societies: _____

References

(1) _____
Names Address/City/State/Zip Phone

(2) _____
Names Address/City/State/Zip Phone

I authorize ASAP to contact the above named references to obtain information regarding my suitability for membership and release the above named to provide information for this purpose.

Signature _____ Date _____

Please also complete reverse side and return this entire form with dues (REGULAR MEMBERS, national \$245, plus local society if one exists in your area; PSYCHIATRISTS-IN-TRAINING, \$105 total).

Home Address: (omit if not desired in Directory)

Address/City/State/Zip _____

Home Phone {____} _____

Spouse's First Name _____

Practice Profile: percentage of your practice spent with

Children	_____	%
Adolescents	_____	%
Adults	_____	%
	100	%

Boards: check applicable

Year Certified

Board eligible - General Psychiatry	_____
Board certified - General Psychiatry	_____
Board eligible - Child Psychiatry	_____
Board certified - Child Psychiatry	_____
Board eligible - Adolescent Psychiatry	_____
Board certified - Adolescent Psychiatry	_____
FRCP (C) - Psychiatry	_____

Other Certifications:

Year Certified

Forensic	_____
Administration	_____
Addictionology	_____
Other	_____

Academic Affiliation (check if any apply):

Chair, Department of Psychiatry	_____
Professor in Psychiatry	_____
Associate/Assistant Professor	_____
Clinical Professor	_____
Clinical Associate Professor	_____

Practice Distribution:

Academic	_____	%
Private Practice	_____	%
Public Sector	_____	%
HMO	_____	%
Other	_____	%
	100	%

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APA/CPA Membership/Eligibility Checked _____

Local Society or At-Large Status Code _____

Membership Class _____

Date referred to local society, if applicable _____

NATIONAL AND SOCIETY DUES CHART

Application dues must accompany the membership application.

FOR REGULAR MEMBERS

A regular member's dues are \$245 national, plus any applicable constituent society dues. The dues for each constituent society area are shown below; members who do not live in a society area are at-large and pay only national dues.

Code	Society	Dues Amt
21	Arizona (all of AZ)	30.00
23	Chicago (Chicago area in IL and IN)	50.00
24	Colorado	30.00
25	Florida	30.00
29	Metro Washington (DC, plus MD and VA suburbs)	15.00
31	Minnesota (all of MN)	15.00
34	New York (New York City area, plus northern NJ)	40.00
35	North Texas (Dallas - Fort Worth area)	15.00
36	Northwest (BC, ID, OR and WA)	10.00
37	Philadelphia (Phil. area, plus DE and south NJ)	55.00
39	San Diego (San Diego area)	waived
40	Southern California (Los Angeles area)	30.00
41	Tennessee	30.00
43	MEMBERS-AT-LARGE (all others)	none

FOR MEMBERS-IN-TRAINING

A member-in-training's dues are \$105. total. There are no local society dues for this category.