



# TEXAS ACADEMY OF PSYCHIATRY

401 West 15<sup>th</sup> Street, Suite 675, Austin, Texas 78701  
Tele: 512/478-0605; Fax: 512/478-5223; Email: TXPsychiatry@aol.com

## MEMBERSHIP APPLICATION

I am applying for membership in the Texas Academy of Psychiatry (Academy), as follows:

- Member-in-Training:** I am a physician in a psychiatric residency training program approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada or the American Osteopathic Association. Annual Dues: \$30 first year, \$50.00 thereafter.
- General Membership:** I am a physician who has completed acceptable psychiatry training (as approved by the Residency Review Committee for Psychiatry of the Accreditation Council for Graduate Medical Education or the American Osteopathic Association) and I have a valid license to practice medicine or I have an academic, research or governmental position that does not require licensure. Annual Dues: \$250 first year, \$395.00 thereafter.
- Fellow:** I am a physician who has received the designation of Fellow or Distinguished Fellow from the American Psychiatric Association (APA). Year \_\_\_\_\_. Annual Dues: \$250 first year, \$395.00 thereafter.
- Retired:** I am a physician who has fully retired from the practice of medicine. Year \_\_\_\_\_. Annual Dues: \$95 first year, \$150.00 thereafter.
- Associate Membership:** I am a physician who is currently a member in good standing with the Texas Society of Psychiatric Physicians (TSPP), a District Branch of the American Psychiatric Association. Annual Dues: \$25.00.

### 1. CONTACT INFORMATION

Last Name	First Name	Middle Initial	Suffix	Degree
Mailing Address		City	State	Zip
Telephone (_____) _____	Fax (_____) _____	Email _____		

### 2. DEMOGRAPHIC DATA

 The following categories are for statistical purposes only.

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Female  Male

### 3. LICENSURE and TRAINING

Are you licensed to practice medicine in Texas by the Texas Medical Board?  Yes  No Other \_\_\_\_\_

I completed a residency training program in Psychiatry on \_\_\_\_\_ at \_\_\_\_\_

### 4. MEMBERSHIP INCENTIVES PROGRAM (AUGUST 1-NOVEMBER 1, 2009)

**NEW MEMBERS:** New members (ie MIT, General, Fellow and Retired) accepted by the Academy from August 1, 2009 until November 1, 2009 will be eligible for a drawing to receive a \$500 gift card at the retail store choice of the winning member.

**MEMBER-GET-A-MEMBER:** Academy members (of any category) who are listed as "Referring Academy Member" on the Membership Application during the period listed above will earn credits toward the following incentives: 3 New Members (\$300 gift card); 6 New Members (\$600 gift card); 10 New Members (\$900 gift card). "New Members" must be General, Fellow or Retired members. Gift cards will be issued from the retail store chosen by the member earning the Membership Incentives.

**REFERRING ACADEMY MEMBER** for this Application is \_\_\_\_\_.

(8/09)

Signature

Date

**Please return this application along with your dues payment to: TAP, 401 West 15<sup>th</sup> Street, Suite 675, Austin, TX 78701**