

TEXAS ACADEMY OF PSYCHIATRY

401 West 15th Street, Suite 675, Austin, Texas 78701 Tele: (512) 478-0605; Fax: (512) 478-5223; Email: TXPsychiatry@txpsych.org

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: \$0

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, \$430 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, \$430 thereafter.

Retired: I am a physician who has fully retired from the practice of medicine. Year ______. Annual Dues: \$95 first year, \$150 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 and/or the Texas Society of Child and Adolescent Psychiatry (TSCAP) a Regional Council of the American Academy of Child and Adolescent Psychiatry. Annual Dues: \$50.00.

1. CONTACT INFORMATION

| Last Name | First Name | | Middle Initial | | Suffix | Degree |
|--|--------------------------------|------------------------------|----------------|---------------|--------------|---------------|
| Mailing Address | City | | State | Zip | | |
| Felephone () | Fax () | Email | | | | |
| 2. DEMOGRAPHIC DATA The | e following categories are fo | or statistical purp | ooses only. | | | |
| Birthdate / / | Gender: Female | Male | | | | |
| 3. LICENSURE and TRAINING Are you licensed to practice me | dicine in Texas by the Texas I | Medical Board? | Yes | No Other_ | | |
| I completed a residency training program in Psychiatry on | | | | | | |
| Signature | | | | Date | | |
| Please return this application al | ong with your dues paymen | <u>it</u> | | | | |
| f paying by Check, mail to: Texa | s Academy of Psychiatry, 401 | West 15 th Street | t, Suite 675, | , Austin, TX | 78701 | |
| f paying by Credit Card, email a | oplication to: TXPsychiatry@t | txpsych.org & once | e received y | ou will be se | ent a QB lin | ık to pay yoı |

online.