

American Association for



AAPAL

**Psychiatric Administration
and Leadership**

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 _____

Member of the APA _____ Yes _____ No

Joint Membership with American Association for Community Psychiatry _____ Yes

Applicant is invited to send a current Curriculum Vitae.

National Dues \$100 Chapter Dues* \$ 25.00 Dues waived for Members in Training.

New York's Chapter includes New Jersey and Connecticut.

Joint Membership Dues AACP/AAPAL \$ 180.00

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 AAPAL) to:

P.O. Box 570218 • Dallas, Texas 75357-0218 • Website: www.psychiatricadministrators.org • (972) 613-0985 • Fax (972) 613-5532