



Division 55 of the American Psychological Association  
American Society for the Advancement of Pharmacotherapy  
**2010-2011 Application for Membership/Renewal of Membership**

Please complete the entire form, even if you are renewing your membership!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

Office City: \_\_\_\_\_ Office State: \_\_\_\_\_ Office Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Membership Categories:**

- |   |                |   |                    |
|---|----------------|---|--------------------|
| <input type="checkbox"/> <b>Affiliates</b>      | <b>\$40.00</b> | <input type="checkbox"/> <b>Discounted Membership Fee</b>         | <b>\$20.00</b>     |
| <input type="checkbox"/> <b>Associates</b>      | <b>\$40.00</b> | <small>(Requirements: 1st year new non-affiliate member)</small>  |                    |
| <input type="checkbox"/> <b>Fellows</b>         | <b>\$40.00</b> | <input type="checkbox"/> <b>Student Affiliates</b>                | <b>\$10.00</b>     |
| <input type="checkbox"/> <b>Int. Affiliates</b> | <b>\$40.00</b> | <input type="checkbox"/> <b>Interns</b>                           | <b>\$40.00</b>     |
| <input type="checkbox"/> <b>Members</b>         | <b>\$40.00</b> | <input type="checkbox"/> <b>Life Member</b>                       | <b>Dues Exempt</b> |
|   |                | <small>(Requirements: age: 65+; 25+ years APA membership)</small> |                    |

**Payment Information:**

**Circle one:**      Credit Card                                      Check

If paying by check, check #: \_\_\_\_\_

Credit Card Type:      VISA                      MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

**Total Payment: \$** \_\_\_\_\_

**Signature** \_\_\_\_\_

Please mail or fax application form to:  
Division 55  
PO Box 1448  
Cedar Park, TX 78630  
Phone: (512) 788-0207 Fax: (800) 784-9034