

American Psychiatric Association  
Membership Department  
1000 Wilson Blvd, Suite 1825  
Arlington, VA 22209-3901

Website: www.psych.org  
Email: membership@psych.org  
Fax: 703-907-1085

## PAYMENT PLAN INFORMATION UPDATE FOR MEMBERSHIP DUES

Update your Scheduled Payment Plan information to continue your APA and local dues automatically charged to your credit card in monthly installments. Complete this form and fax it to the APA Membership Department at 703.907.1085 or mail it to American Psychiatric Association, Membership Department at the address listed. Please note that this payment plan program can be used to pay district branch dues only if your district branch participates in centralized dues billing (see renewal notice).

MEMBER NAME

APA ID #

E-MAIL ADDRESS

PHONE NUMBER

PLEASE CHARGE MY:  AMERICAN EXPRESS  MASTERCARD  VISA

NAME AS IT APPEARS ON CREDIT CARD

EXPIRATION DATE MM/YYYY

CARD NUMBER

CID/CVV# (SECURITY CODE)

CREDIT CARD MAILING ADDRESS

CITY/STATE/PROVINCE

COUNTRY

POSTAL CODE

SIGNATURE

PLEASE RETURN VIA FAX TO 703-907-1085 OR MAIL TO  
AMERICAN PSYCHIATRIC ASSOCIATION  
MEMBERSHIP DEPARTMENT, SUITE 1825  
ARLINGTON, VA 22209-3901