

DUES PAYMENT OPTIONS

FOR MEMBERS OWING CURRENT YEAR DUES²

PAY ONLINE via the website at www.psych.org.

Click on the *Renew Your Dues* link at the top left menu bar of the home page and login using your Members Corner login.

Click the check box for the order you wish to pay.

Enter your payment information.

Click *Make Payment* to process this payment.

PAY BY PHONE (1.888.357.7924) via Visa, MasterCard, or American Express.

PAY BY MAIL via check payable to the American Psychiatric Association or via credit card by completing the invoice.

The invoice should be returned along with either form of payment (check or credit card) to the AMERICAN PSYCHIATRIC ASSOCIATION, PO BOX 79575, BALTIMORE MD 21279-0575.

SCHEDULED PAYMENT PLAN (automatic monthly charges)

Enroll now in the Scheduled Payment Plan to have your current APA and District Branch dues automatically charged to your **credit card** in monthly installments. Complete this form and return it to the AMERICAN PSYCHIATRIC ASSOCIATION, MEMBERSHIP DEPARTMENT, at the address listed on the bottom of this form or fax it to the Membership Department at 703.907.1085. **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). If you transfer district branch membership, the remaining balance owed to the original district branch will be charged in full. In the event that the original district branch waives its dues, the dues charged by the new district branch will be added to the payment schedule. Any outstanding dues still owed prior to current year will be included in the payment plan. The current open balance will be deducted in equal installments through March 31st; next year's dues will be deducted in equal installments from April through December.**

APPLICANT'S NAME _____		E-MAIL ADDRESS _____		APA ID # _____
PLEASE CHARGE MY: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS				
NAME AS IT APPEARS ON CREDIT CARD _____			EXPIRATION DATE (MM/YYYY) _____	
CARD #: _____			CID/CVV# (SECURITY CODE) _____	
CREDIT CARD BILLING MAILING ADDRESS _____		CITY/STATE/PROVINCE _____	COUNTRY _____	POSTAL CODE _____

THE TOTAL INVOICE AMOUNT WILL BE CHARGED IN MONTHLY PAYMENTS BEGINNING SHORTLY AFTER THE COMPLETED FORM IS RECEIVED IN THE APA CENTRAL OFFICE. THE MONTHLY PAYMENT AMOUNT IS SUBJECT TO CHANGE BASED ON OUTSTANDING BALANCES WITH THE APA AT THE TIME THIS FORM IS RECEIVED IN THE APA CENTRAL OFFICE.

I AUTHORIZE THE APA TO CHARGE MY CREDIT CARD FOR MY CURRENT DUES AND ANY OTHER OUTSTANDING DUES COLLECTED BY THE APA FOR MEMBERSHIP IN THE APA, LOCAL DISTRICT BRANCH, AND AREA IN U.S. DOLLARS. UPON NOTIFICATION THAT MY CREDIT CARD IS DECLINED, I WILL PROVIDE THE APA WITH ANOTHER CREDIT CARD NUMBER WITHIN 10 DAYS OR WILL FORFEIT MY PARTICIPATION IN THE SCHEDULED PAYMENT PLAN CREDIT CARD PROGRAM. I UNDERSTAND THAT MY OUSTANDING DUES BALANCE WILL BE SPREAD OUT AND CHARGED MONTHLY.

I AUTHORIZE **AUTOMATIC RENEWAL** OF MY APA/DB MEMBERSHIP ON AN ANNUAL BASIS THROUGH THE SCHEDULED PAYMENT PLAN OPTION AND UNDERSTAND THAT UNTIL I NOTIFY THE APA IN WRITING THAT I NO LONGER WISH TO PARTICIPATE IN THE MONTHLY PAYMENT PLAN, MY DUES WILL BE CHARGED ON A MONTHLY BASIS ON MY CREDIT CARD. APA WILL CONFIRM THE AUTOMATIC RENEWAL IN WRITING EACH YEAR AND NOTIFY ME OF THE ANNUAL DUES AMOUNT FOR THE UPCOMING YEAR.

SIGNATURE _____

DATE _____