

APA Scheduled Payment Plan

You don't have to pay all at once! ■ ■ ■ **An easy way to pay dues!**

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.

Benefits:

- Pay your membership dues in low monthly installments!
- No service fee!
- Automatic renewal in the Scheduled Payment Plan until you choose to cancel!
- Obtain member discount for Annual Meeting without full dues payment prior to meeting!

Enrolling is easy!

Just complete this form and return it to the **American Psychiatric Association, Membership Department** at the address listed below or fax it to 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 APA has gone GREEN, and we are doing our part to save the environment, while at the same time saving money on printing costs. The APA is pleased that the Scheduled Payment Plan contributes to our efforts to conserve resources—participants in this program will not receive any further invoices.



American Psychiatric Association
1000 Wilson Blvd. • Suite 1825 • Arlington, VA • 22209-3901
Phone: 703.907.7300 • Toll Free: 888.35.PSYCH / 888.357.7924
Fax: 703.907.1085 • Email: membership@psych.org

Print or Type All Information

MEMBER NAME _____

APA ID # _____

Payment Information

PLEASE CHARGE MY: VISA MASTERCARD AMERICAN EXPRESS

NAME AS IT APPEARS ON CREDIT CARD _____

CREDIT CARD BILLING ADDRESS _____

CITY _____

STATE/PROVINCE _____

COUNTRY _____

POSTAL CODE _____

CREDIT CARD # _____

EXP. DATE (MM/YYYY) _____

CID/CVV # (SECURITY 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 OUTSTANDING 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 _____