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

INLINDER TV WIL		A A A A	
E-MAIL ADDRESS		Phone Number	
PLEASE CHARGE MY:	ASTERCARD 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 222209-3901