



AMERICAN SOCIETY OF HISPANIC PSYCHIATRY

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Preferred Mailing Address _____

Telephone # _____ Fax # _____

Primary Organizational Affiliation _____

Position/Title _____

Email Address _____

Member of the APA _____ Yes _____ No

Applicant is invited to send a current Curriculum Vitae.

Dues:

Psychiatrist	\$100.00
International Psychiatrist	\$ 85.00
Mental Health Professionals (Non MD's)	\$ 55.00
International Mental Health Professional	\$ 55.00
Retiree	\$ 55.00
Residents	\$ 30.00
Medical Students	Fee Waived