



# 2008 MEMBERSHIP RENEWAL AMERICAN ASSOCIATION OF COMMUNITY PSYCHIATRISTS

**Please Note:** The information requested on this sheet will be used to provide information for the Membership Directory. Please take a moment to fill in the form as you would like your listing to appear. Then return the form with your check to the address below. Dues include subscription to the *Community Mental Health Journal* and AACCP's quarterly newsletter *Community Psychiatrist*.

**NEW!** We are now offering a joint membership with the American Association of Orthopsychiatry. Take advantage of the many resources of that organization along with those of the AACCP for a reduced joint membership fee!

General Member .....	\$150
Liaison member .....	\$100
International member .....	\$150
Member-in-training (without Journal) .....	No dues
Member-in-training (with Journal) .....	\$40
Medical student members .....	No dues
Group membership (5 or more) .....	\$75
Joint Memberships*	
American Association of Community Psychiatrists .....	\$120
Orthopsychiatry .....	\$84
American Association for Emergency Psychiatry .....	\$100
American Association of Psychiatric Administrators .....	\$60
Other .....	\$ _____
Voluntary Contributions** .....	\$ _____
Free Waiver Request?	

\*The AACCP and Allied Organizations with which we have a joint membership agreement, offer a 20% discount in dues. The fees for membership for each organization should be remitted with the AACCP membership application and enrollment in the other indicated organizations will be completed automatically.

\*\*Voluntary contributions are extremely important in supporting the mission of the AACCP, please give as much as you can.

**Make check payable to: The American Association of Community Psychiatrists**  
**Send to: P.O. Box 570218, Dallas, TX 75357-0218**

*Please list your name, title, address, and phone number(s) as you would like them to appear in the Membership Directory*

## 2008 AACCP MEMBERSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip + four: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Years Out of Training: \_\_\_\_\_ Practice Setting: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Reason for Joining: \_\_\_\_\_

Ethnicity/Languages Spoken: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

Visa/MC \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration: \_\_\_\_\_