



American Psychiatric Association

Membership Department MS#5 1808
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PERMANENT INACTIVE STATUS REQUEST FOR MEMBERS WHO ARE FULLY RETIRED

The APA Board of Trustees confers all requests for transfer to Permanent Inactive Status, upon recommendation of the APA Membership Committee. Requests for Permanent Inactive Status **must** also be made to the district branch, since Inactive Status cannot be held in the APA without also being held at the district branch level. **If we do not receive this completed form within thirty days, we will assume you are no longer interested in Inactive Status.**

MEMBER NAME _____ APA ID _____

MAILING ADDRESS (LINE 1) _____

MAILING ADDRESS (LINE 2) _____ CITY _____ STATE _____ ZIP CODE _____

AREA CODE AND TELEPHONE _____ AREA CODE AND FAX _____ EMAIL ADDRESS _____

DISTRICT BRANCH NAME _____

I am requesting transfer of my membership to Permanent Inactive Status because I am now **fully retired** from all work as a psychiatrist. As a member holding Permanent Inactive Status, I understand the following:

- Any outstanding membership dues will be waived
- I do not pay dues or assessments.
- I will receive future hardcopies of *The American Journal of Psychiatry* and *Psychiatric News (Psychiatric News is available online free of charge)* by subscription only at a discounted rate (1.888.35.PSYCH).
- I can attend APA conventions and other meetings at the discounted member rate.
- I can obtain member discounts on APPI publications.
- I will continue to receive an annual membership card.
- I can no longer hold office, vote, or serve on committees.
- I will no longer receive credit toward the 95 point formula for attaining Life Status.

MEMBER SIGNATURE _____ DATE _____

cc: District Branch (APA will forward copy of the completed form to the district branch)

FOR INTERNAL USE ONLY	
DB Recommendation:	_____
For APA Use Only:	
Date to Membership Committee:	_____
Date to Board of Trustees:	_____
Approved:	_____
Denied:	_____