



**American Psychiatric Association**

Membership Department MS#5 1808  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

www.psych.org  
Email: apa@psych.org  
Fax: 703-907-1085

Date sent to member: \_\_\_\_\_

# REQUEST FOR DUES RELIEF

The Board of Trustees confers all forms of dues relief, upon recommendation of the APA Membership Committee. Dues relief requests for district branch and area dues must be presented to your district branch. Although the APA will notify the district branch of your request for national dues relief, you are still required to contact the branch directly to request relief from local dues. The Membership Committee acts independently with respect to dues relief. It does, however, review the recommendation of the district branch before making a final recommendation. Requests for 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. Upon receipt of this form, the APA will forward your request to your district branch for their review. It is highly recommended that you contact your district branch personally regarding this request to further explain the circumstances of your request. **Dues Relief requests are strictly limited to two consecutive years unless extenuating circumstances exist.**

**If we do not receive this completed form within thirty days, we will assume you are no longer interested in pursuing dues relief.**

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 dues relief as specified below for the following year(s): \_\_\_\_\_

**Dues Reduction or Waiver:** I understand that a reduction of national dues does not affect local dues and that I must contact the district branch directly for action affecting district branch dues. Conversely, a reduction of district dues does not affect national dues. I am applying for a dues reduction in the following category (please check all that apply below):

- Child Related:** New mothers, mothers-to-be (within 6 months), or fathers assuming primary parental responsibility with child-related reduced income-generating workloads are eligible for a 50% reduction of dues for one year. In the event that there are documented serious physical or psychological problems, there may be a full waiver of dues for one year. **Please provide details on the reverse side of this form in the allotted space.**
- Illness:** Members with an illness, who have been unable to work full-time for at least 3 months, are eligible for reductions for a one year period as follows (**please check appropriate category below and provide details on the reverse side of this form in the allotted space.**)
  - Able to work part-time, more than 20 hours/week: 20% reduction
  - Able to work part-time, less than 20 hours/week: 50% reduction
  - Unable to work at all: 100% reduction
- Financial Hardship:** Members facing financial hardship due to divorce, alimony, child support, college expenses for children, other family support obligations, repayment of student loans, change of career path, or other special fiscal considerations are eligible for a one year reduction of dues of either  30%,  50%, or  100%. **Please provide details on the reverse side of this form in the allotted space.**

# REQUEST FOR DUES RELIEF

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- Military Service:** Members who are not full-time physicians in the U.S. Armed Forces, but who are serving in the U.S. Armed Forces Reserves and have been called to active duty are eligible for a full waiver of dues for the length of their service.

**Inactive Status:** I understand that Inactive Status is a separate membership category that carries with it a change in benefits received and affects membership status at both the national and district branch levels. I am applying for Inactive Status as follows (please check the appropriate category below):

- Temporary Inactive Status (Dues-exempt and limited to one year and available only January - June of the current year):** I am applying for Temporary Inactive Status because I am temporarily unable to meet financial obligations and do not qualify for other categories of dues reductions or waivers described above (e.g., sabbatical). I understand that Temporary Inactive Members/Fellows do not receive the publications of the Association except by subscription (*Psych News* is available online free of charge), nor do they receive credit toward the 95-point formula for Life Status for those years of Inactive membership. As a Temporary Inactive Member/Fellow, I will not be able to hold office, vote, or serve on committees. A transfer to Inactive Status would be paralleled by a similar change in my district branch membership. **Please provide details below in the allotted space.**
- Permanent Inactive Status (Dues Exempt):** I am applying for Permanent Inactive Status because I am unable to continue as an active member of the APA as a result of a major illness or similar hardship. I understand that Permanent Inactive Members/Fellows do not receive the publications of the Association except by subscription (*Psych News* is available online free of charge), nor do they receive credit toward the 95-point formula for Life Status for those years of Inactive membership. As a Permanent Inactive Member/Fellow, I will not be able to hold office, vote, or serve on committees. A transfer to Inactive Status would be paralleled by a similar change in my district branch membership. **Please provide details below in the allotted space.**

**Details are provided below** (Please state the conditions of your financial hardship along with relevant information such as the number of hours working per week [ \_\_\_\_\_ hours per week].):

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MEMBER SIGNATURE

DATE

### FAX THE COMPLETED FORM TO:

703.907.1085

### MAIL THE COMPLETED FORM TO:

AMERICAN PSYCHIATRIC ASSOCIATION  
MEMBERSHIP DEPARTMENT  
1000 WILSON BOULEVARD SUITE 1825  
ARLINGTON VA 22209-3901

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: \_\_\_\_\_