



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

RETIRED MEMBER DUES ADJUSTMENT

This retired member dues adjustment request will be reviewed at both the national and local levels. **If we do not receive this completed form within thirty days, we will assume you are no longer interested in pursuing a dues adjustment based on full retirement from psychiatry.**

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 a 50% reduction of my dues because I am at least **70 years of age** and now **fully retired** from all work as a psychiatrist (i.e., not earning any income from the profession, including consulting work). I understand that I will continue to receive all the benefits of membership appropriate to my membership class and status.

MEMBER SIGNATURE

DATE

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

FOR INTERNAL USE ONLY

DB Action: Reduce local dues by 50% _____

APA Action: Reduce national dues by 50% _____