

# DISCOVER A CAREER IN PSYCHIATRY

Medical  
Student  
Membership  
is **FREE!**



# CONSIDER THE POSSIBILITIES.



Each year, approximately 57 million people will suffer a diagnosable mental disorder ranging from mild depression to crippling schizophrenia. Thanks to progress in research, today's psychiatrists can do more than ever before to help people suffering from mental illness. And there is much more to do. Becoming a psychiatrist can be a rewarding and fulfilling medical career.

Use APA'S resources and worldwide network to learn about the many aspects of a career in psychiatry, such as:

- Residency training
- Choosing a fellowship opportunity
- Building your own practice
- Continuing your medical education to keep you on the cutting edge of patient care

Join APA at [www.psychiatry.org](http://www.psychiatry.org) and select "Join & Participate."

# LEARN MORE ABOUT PSYCHIATRY.

Even if psychiatry is not your chosen specialty, mental health issues correlate to many other areas of practice. Start building lifelong professional relationships and tap into APA's wealth of research and practical information.

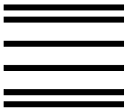
**Membership is FREE to students** until graduation!



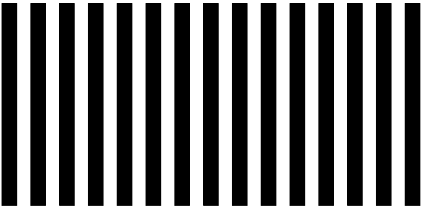
## JOIN NOW AND ACCESS:

- **Free online subscriptions** to *The American Journal of Psychiatry* and *Psychiatric News*,
- **20% member discount** on more than 700 books and journals from American Psychiatric Publishing.
- **Networking opportunities** through APA's social media presence on LinkedIn, Facebook and Twitter and through special APA listservs.
- **Free registration** to the APA Annual Meeting and Institute on Psychiatric Services.
- **Access to online directory** of summer jobs and fellowship opportunities.
- **Free copy of Resident's Guide** to *Surviving Psychiatric Training* (upon request).

*And More!*



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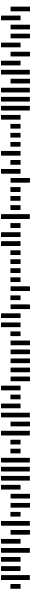


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1000 WILSON BLVD STE 1825  
ARLINGTON VA 22209-9913



# MEDICAL STUDENT MEMBERSHIP APPLICATION

## Biographical Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE INITIAL \_\_\_\_\_ SUFFIX \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

TELEPHONE (WITH AREA CODE) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MEDICAL SCHOOL ATTENDING \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

Male  Female \_\_\_\_\_ DATE ENTERED MEDICAL SCHOOL (MM/YY) \_\_\_\_\_ EXPECTED DATE OF GRADUATION (MM/YY) \_\_\_\_\_

GENDER \_\_\_\_\_

Please accept my application for Medical Student membership in the American Psychiatric Association. I understand that I am eligible for APA Medical Student membership as long as I am enrolled in an accredited U.S. or Canadian medical school. If, upon graduation, I have chosen to enter an approved psychiatric residency training program, I will then be eligible to apply for membership as an APA Member-in-Training. My signature indicates that I agree to abide by the Bylaws of the APA, as well as the procedures outlined in the *Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*, that APA may publish my membership data to its members, license or sell my name, address, phone number and/or e-mail to third parties, and provide government authorities all information pertaining to me if in receipt of a subpoena from authorities. I will hold APA harmless from any and all liability arising out of or relating to my membership, including but not limited to, decisions concerning membership, ethics, and/or the provision or storage of my personal and/or financial information. Any disputes that arise out of or relate to this Agreement and/or my membership shall be governed by Virginia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the state of Virginia; and I pledge myself to the highest standards of ethical practice and conduct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR APA USE ONLY



## JOIN TODAY!

Detach and fax or return  
this application to:

American Psychiatric  
Association  
Membership Department  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

Phone: 703-907-7300

Toll Free: 888-357-7924

Fax: 703-907-1085

Email: [apa@psych.org](mailto:apa@psych.org)

[www.psychiatry.org](http://www.psychiatry.org)

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