

APA International Resident-Fellow Membership Dues

APA International Membership is annual from January 1 through December 31.

Income Category Group	Annual Dues Rate
High Income (HI)	USD \$41.00
Upper Middle Income (UMI)	USD \$35.00
Lower Middle Income (LMI)	USD \$26.00
Low Income (LI)	USD \$10.00

COUNTRY LIST & Income Category Group

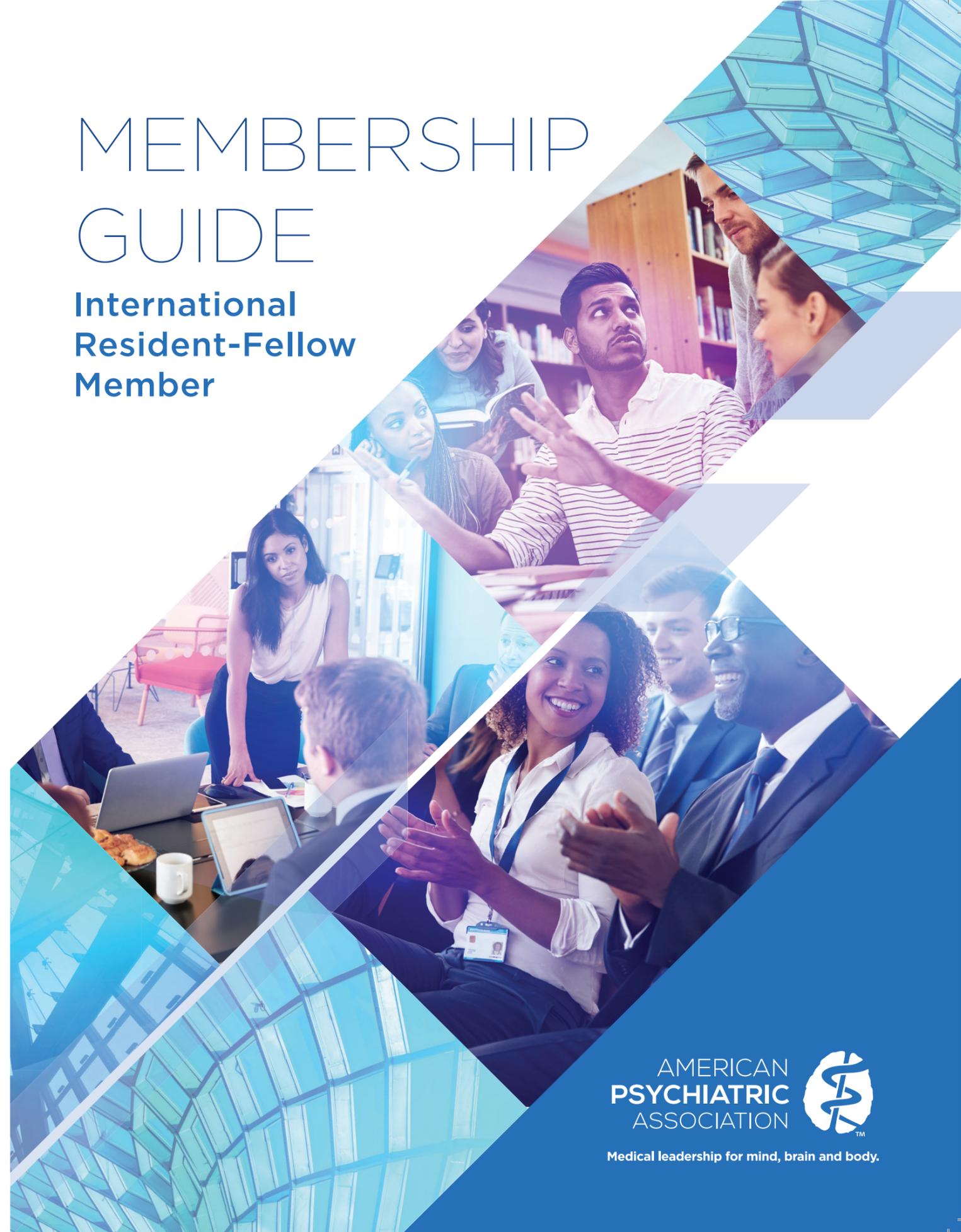
(defined by World Bank as of 2021)

AFGHANISTAN	LI	CONGO, REP.	LMI	ICELAND	HI	MONACO	HI	SLOVENIA	HI
ALBANIA	UMI	COSTA RICA	UMI	INDIA	LMI	MONGOLIA	LMI	SOLOMON ISLANDS	LMI
ALGERIA	LMI	CÔTE D'IVOIRE	LMI	INDONESIA	LMI	MONTENEGRO	UMI	SOMALIA	LI
AMERICAN SAMOA	UMI	CROATIA	HI	IRAN, ISLAMIC REP.*	LMI	MOROCCO	LMI	SOUTH AFRICA	UMI
ANDORRA	HI	CUBA*	UMI	IRAQ	UMI	MOZAMBIQUE	LI	SOUTH SUDAN	LI
ANGOLA	LMI	CURACAO	HI	IRELAND	HI	MYANMAR	LMI	SPAIN	HI
ANTIGUA & BARBUDA	HI	CYPRUS	HI	ISLE OF MAN	HI	NAMIBIA	UMI	SRI LANKA	LMI
ARGENTINA	UMI	CZECH REPUBLIC	HI	ISRAEL	HI	NAURU	HI	ST. KITS & NEVIS	HI
ARMENIA	UMI	DENMARK	LMI	ITALY	HI	NEPAL	LMI	ST. LUCIA	UMI
ARUBA	HI	DJIBOUTI	LMI	JAMAICA	UMI	NETHERLANDS	HI	ST. MARTIN (FRENCH PART)	HI
AUSTRALIA	HI	DOMINICA	UMI	JAPAN	HI	NEW CALEDONIA	HI	ST. VINCENT & THE GRENADINES	UMI
AUSTRIA	HI	DOMINICAN REPUBLIC	UMI	JORDAN	UMI	NEW ZEALAND	HI	SUDAN	LI
AZERBAIJAN	UMI	ECUADOR	UMI	KAZAKHSTAN	UMI	NICARAGUA	LMI	SURINAME	UMI
BAHAMAS, THE	HI	EGYPT, ARAB REP.	LMI	KENYA	LMI	NIGER	LI	SWEDEN	HI
BAHRAIN	HI	EL SALVADOR	LMI	KIRIBATI	LMI	NIGERIA	LMI	SWITZERLAND	HI
BANGLADESH	LMI	EQUATORIAL GUINEA	UMI	KOREA, DEM. PEOPLE'S REP.*	LI	NORTHERN MARIANA ISLANDS	HI	SYRIAN ARAB REPUBLIC*	LI
BARBADOS	HI	ERITREA	LI	KOREA, REP.	HI	NORWAY	HI	TAJIKISTAN	LMI
BELARUS	UMI	ESTONIA	HI	KOSOVO	UMI	OMAN	HI	TANZANIA	LMI
BELGIUM	HI	ESWATINI	LMI	KUWAIT	HI	PAKISTAN	LMI	THAILAND	UMI
BELIZE	LMI	ETHIOPIA	LI	KYRGYZ REPUBLIC	LMI	PALAU	HI	TIMOR-LESTE	LMI
BENIN	LMI	FAEROE ISLANDS	UMI	LAO PDR	LMI	PANAMA	UMI	TOGO	LI
BERMUDA	HI	FIJI	UMI	LATVIA	HI	PAPUA NEW GUINEA	LMI	TONGA	UMI
BHUTAN	LMI	FINLAND	HI	LEBANON	UMI	PARAGUAY	UMI	TRINIDAD & TOBAGO	HI
BOLIVIA	LMI	FRANCE	HI	LESOTHO	LMI	PERU	UMI	TUNISIA	LMI
BOSNIA & HERZEGOVINA	UMI	FRENCH POLYNESIA	HI	LIBERIA	LI	PHILIPPINES	HI	TURKEY	UMI
BOTSWANA	UMI	GABON	UMI	LIBYA	UMI	POLAND	LMI	TURKMENISTAN	UMI
BRAZIL	UMI	GAMBIA, THE	LI	LIECHTENSTEIN	HI	PORTUGAL	HI	TURKS & CAICOS ISLANDS	HI
BRUNEI DARUSSALAM	HI	GEORGIA	UMI	LITHUANIA	HI	QATAR	HI	TUVALU	UMI
BULGARIA	UMI	GERMANY	HI	LUXEMBOURG	HI	ROMANIA	UMI	UGANDA	LI
BURKINA FASO	LI	GHANA	LMI	MACAO SAR, CHINA	HI	RUSSIAN FEDERATION	UMI	UKRAINE*	LMI
BURUNDI	LI	GIBRALTAR	HI	MACEDONIA, FYR	UMI	RWANDA	LI	UNITED ARAB EMIRATES	HI
CABO VERDE	LMI	GREECE	HI	MADAGASCAR	LI	SAMOA	LMI	UNITED KINGDOM	HI
CAMBODIA	LMI	GREENLAND	HI	MALAWI	LI	SAN MARINO	HI	URUGUAY	HI
CAMEROON	LMI	GRENADA	UMI	MALAYSIA	UMI	SÃO TOMÉ AND PRÍNCIPE	LMI	UZBEKISTAN	LMI
CAYMAN ISLANDS	HI	GUAM	HI	MALDIVES	UMI	SAUDI ARABIA	HI	VANUATU	LMI
CENTRAL AFRICAN REPUBLIC	LI	GUATEMALA	UMI	MALI	LI	SENEGAL	LMI	VENEZUELA, RB	UMI
CHAD	LI	GUINEA	LI	MALTA	HI	SERBIA	UMI	VIETNAM	LMI
CHANNEL ISLANDS	HI	GUINEA-BISSAU	LI	MARSHALL ISLANDS	UMI	SEYCHELLES	HI	VIRGIN ISLANDS (U.S.)	HI
CHILE	HI	GUYANA	UMI	MAURITANIA	LMI	SIERRA LEONE	LI	WEST BANK & GAZA	LMI
CHINA	UMI	HAITI	LMI	MAURITIUS	UMI	SINGAPORE	HI	YEMEN, REP.	LI
COLOMBIA	UMI	HONDURAS	UMI	MEXICO	UMI	SINT MAARTEN (DUTCH PART)	HI	ZAMBIA	LMI
COMOROS	LMI	HONG KONG SAR, CHINA	HI	MICRONESIA, FED. STS.	LMI	SLOVAK REPUBLIC	HI	ZIMBABWE	LMI
CONGO, DEM. REP.	LI	HUNGARY	HI	MOLDOVA	UMI				

*Individuals from countries against which the United States Treasury Office of Foreign Assets Control has issued comprehensive sanctions (including Cuba, Iran, North Korea, Syria and the Crimea Region of Ukraine) are eligible to receive information and informational materials only, as allowed by the exemptions within the relevant OFAC sanctions programs. For questions, please contact membership@psych.org.

MEMBERSHIP GUIDE

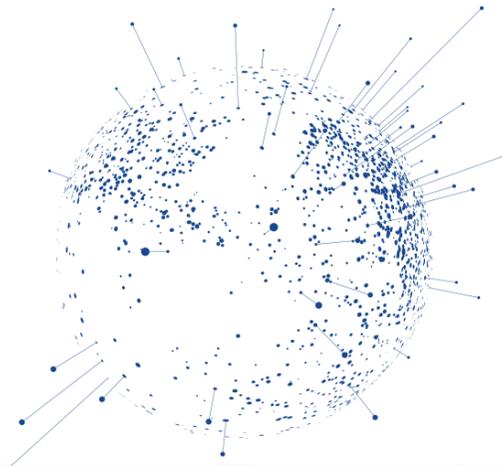
International Resident-Fellow Member



AMERICAN
PSYCHIATRIC
ASSOCIATION



Medical leadership for mind, brain and body.



The **LARGEST** psychiatric membership organization in the world

With more than **37,000** members

In over **100** countries

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Learning

Access the Supplemental Education and Training (SET) program, an online experience designed to help you build knowledge around the core competencies of psychiatry. Save on registration to the APA Annual Meeting, the largest psychiatric meeting, and The Mental Health Services Conference (formerly IPS).



Networking & Career Development

Make connections with a global community of psychiatrists through leadership opportunities, online communities, and advocacy on issues affecting patients and psychiatrists around the world.

**Member benefits are subject to change.*

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Find the full list at psychiatry.org/join

APA International Resident-Fellow Member Application

Detach and return the completed application by mail or fax:

American Psychiatric Association
Membership Department
800 Maine Avenue, S.W., Suite 900
Washington, DC 20024
USA

Email:
membership@psych.org

Scan/Fax:
1-202-403-3673

Or **Join online at**
psychiatry.org/join

Have you been a member of the APA before? Yes No If yes, APA Member ID (if known): Referred by APA Member (Name):

Family/Surname: First Name: Middle Initial:
Other Surnames Used Professionally: (for verification purposes only) Country of Birth: Date of Birth: MM/DD/YYYY
Office Phone (Country Code/City Code/Phone): Home Phone (Country Code/City Code/Phone): Gender:
Fax Number (Country Code/City Code/Phone): Cell/Mobile (Country Code/City Code/Phone): Degree: M.D. D.O. M.B.B.S.

Primary Email: Secondary Email:

PRIMARY MAILING ADDRESS	Home	Office	PROFESSIONAL MEMBERSHIP IN MEDICAL SOCIETIES
Street Address:			Name:
Street Address (Line 2):			Location:
City:		State/Province:	Name:
		District/Postal Code:	Location:
Country:			

Medical School (Required): PSYCHIATRIC TRAINING ENDORSEMENT
University/School Name: Please provide a letter of endorsement (in English or a Certified Translation) from your training program director (or equivalent) to verify your status as a psychiatric trainee. (Please select from below):
City: State: Country: Letter attached
Degree: Begin date: MM/YYYY Completion: MM/YYYY Letter emailed to intlmb@psych.org

PSYCHIATRIC TRAINING (and other medical specialty training including fellowship programs; list the most recent training first and include copies of training certificates.)	ETHICS If you respond YES to any of these questions, please furnish details in a confidential communication by email to apaethics@psych.org .
Training Program/School:	Has your license to practice medicine ever been revoked or suspended? Yes No
City: State: Begin Date: MM/YYYY	Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? Yes No
Country: Date Completed or Expected: MM/YYYY	Have you ever been sanctioned or held liable by a regulatory body or court or sanctioned by a professional society? Yes No
Training Program/School:	ETHICS AGREEMENT By renewing my APA membership, I am attesting that I either am not aware of any action or investigation regarding my license to practice medicine or that I am aware of such action and will immediately send notice of the action or investigation to APA by electronic mail to apaethics@psych.org . APA's Ethics Committee may follow up with you in the event it receives notice of an action or investigation from you.
City: State: Begin Date: MM/YYYY	
Country: Date Completed or Expected: MM/YYYY	

AGREEMENT

In consideration of my membership in the APA, which I understand is a privilege and not a right, I agree that APA may make inquiries about me and that I am not entitled to the results, that I will pay the dues required on or before the due date, that I will adhere to the standards of ethical practice and conduct 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 in its membership database to which all members and third parties permitted by APA will have access, that APA may provide government authorities all information pertaining to me if in receipt of a subpoena from authorities or if the institution seeking the information is a public institution which has paid all or any portion of my membership dues or CME fees, and that 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 District of Columbia law without regard to its choice of law principles and any hearings or proceedings shall be heard in the District of Columbia.

Signature: Date: MM/DD/YYYY Signature: Date: MM/DD/YYYY

MEMBERSHIP DUES

APA International Membership is annual from January 1 through December 31. International membership dues are payable in USD and are not prorated.

Please see World Bank country list (on the back) to determine your country of residence income group category.

PAYMENT INFORMATION

Check enclosed. Must make payable to APA and remit in U.S. funds drawn on a U.S. bank.
Credit Card: Visa MasterCard American Express

Amount to be Charged (USD):
\$

Credit Card Number:

Name As It Appears On Card:

Expiration Date: MM/YYYY Security Code:

Signature: Date: MM/DD/YYYY