



**2024 MEMBERSHIP LISTING
AND DUES STATEMENT
AMERICAN ASSOCIATION FOR COMMUNITY
PSYCHIATRY**

Please Note: The information requested on this sheet will be used to provide information for the Membership Directory. *List your name, title, address, phone number(s) and e-mail as you would like them to appear in the Membership Directory*

Name:		Email:	
Phone:		Cell:	
Title:			
Address:			
City:	State/Province:	Country:	Zip:
Are you a new or returning member to the AACCP?		Returning <input type="checkbox"/>	New <input type="checkbox"/>
What is the number of years you have been out of training?			
In what setting do you currently work/practice? (check all that apply)	Academic Medical Center <input type="checkbox"/>	Federally qualified health center or other setting integrated with primary care <input type="checkbox"/>	
	Community mental health center <input type="checkbox"/>	CCBHC <input type="checkbox"/>	
	Inpatient hospital unit <input type="checkbox"/>	Assertive community treatment team <input type="checkbox"/>	
	Outpatient Clinic <input type="checkbox"/>	First Episode Team <input type="checkbox"/>	
	Consult/liaison <input type="checkbox"/>	Private practice <input type="checkbox"/>	
	Administration/Management <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:	
	Homeless shelter or homeless outreach <input type="checkbox"/>		
	Jail/prison <input type="checkbox"/>		
What kinds of resources, skills and/or supports are you most interested in receiving through the AACCP?			
For renewing members, what have you found most useful/valuable about being a member of AACCP?			
Please select your form of dues payment: (see dues structure on the following page)	Credit Card: <input type="checkbox"/>	*Check: <input type="checkbox"/>	Pay Pal: <input type="checkbox"/>
For members paying by credit card:	Visa/MC #		
Expiration:	Signature: (or type your name here):		
Security code:			
NOTE: If we have your permission to keep this credit card on file and charge your annual dues every December 1, please type your name here:			

* Make check payable to: **The American Association for Community Psychiatry**
Send to: **P.O. Box 570218, Dallas, TX 75357-0218**



2024 DUES STRUCTURE
AMERICAN ASSOCIATION FOR COMMUNITY PSYCHIATRY

Dues include online subscription to the *Community Mental Health Journal* and AACCP's newsletter *Community Psychiatrist*. For a fee of \$40 you can receive a hard copy of the journal.

We offer joint memberships with the American Association of Orthopsychiatry, American Association of Psychiatric Administration & Leadership and American Association for Emergency Psychiatry. Take advantage of the many resources of these organizations along with those of the AACCP for a reduced joint membership fee!

General Member	\$150
Liaison Member (non-psychiatrist).....	\$100
International Member	
LI.....	\$35
LMI.....	\$50
UMI.....	\$75
HI	\$100
Member-in-Training:.....	No dues*
Medical Student Membership	No dues*
Group membership (5 or more).....	\$75
Joint Memberships	
AACCP.....	\$120
Orthopsychiatry	\$85
AAEP.....	\$160
AAPAL.....	\$80
Plus \$40 for a hard copy of the journal (North American Members only).....	\$40
Other	\$ _____
Voluntary contribution.....	\$ _____

*If you are a MIT or Medical Student, return this form with no payment to keep your membership active.

To pay via the website: www.communitypsychiatry.org

To pay via Venmo: @communitypsychiatry with phone number: 972-754-2107