



Please check one:

- Physician \$200
Resident/Student \$50
Professional \$125
Institutional Membership \$1,500*

*Please contact the AAEP association office for more information on the Institutional Membership and for the application form.

Last Name: First Name: MI:

Degree:

**Mailing Address:

Directory Address (if different from above):

Telephone: Fax: Email:

Present Position or Title:

Professional Education/Training: University Degree/Program Completed Dates

Board Certification in: Licensure/States:

Number of Years in Emergency Psychiatry: Academic Interests/Research:

Committee Interest(s): Child and Adolescent Disaster Psychiatry Education Standards/Policy/QI Research

My signature certifies that the information contained in this application is true and is an indication of my desire to become a member of the American Association for Emergency Psychiatry, to abide by its Constitution and Bylaws, and accept responsibility for any dues, which may be assigned as long as I continue membership.

Contributions or gifts to the American Association for Emergency Physicians are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.

Signature: Date:

Please pay by credit card below or include a check payable to: American Association for Emergency Psychiatry (or AAEP).

VISA MC Account#: Exp. Date:

Authorized Signature: CVV#

**Note: It is not possible to guarantee the confidentiality of this information.

Membership dues are payable in U.S. funds at the time of application.

Thank you for your interest in the American Association for Emergency Psychiatrists!