



Association of Women Psychiatrists

P.O. Box 570218 • Dallas, Texas 75357-0218

ALEXANDRA SYMONDS, M.D., FOUNDER: 1983

October 16, 2016

Dear Colleague:

The Association of Women Psychiatrists needs you!

AWP needs your membership to be able to continue to do our work:

- Sponsoring US psychiatrists to do international mental health work
- Sponsoring international psychiatrists to come to the US
- Promoting talks on women's mental health at the APA Annual Meeting
- Co-leading the APA networking event sponsored by the APA Women's Caucus
- Honoring men and women who work for women's issues at the AWP Annual Meeting
- Helping a local community organization serving women in the APA host city

You need AWP too! In these times, where careers become ever fast-paced and difficult, having a mentorship network is especially important. That network will become more and more powerful, the more members we have in our ranks.

If you have any suggestions or concerns you would like to share, please let us know! We are your member organization, and we are here to serve your needs.

AWP Executive Council

We encourage you to pay your dues by PayPal on our web site at:

<http://www.associationofwomenpsychiatrists.com/>

or by mailing your check to: AWP Central Office • PO Box 570218 • Dallas, TX 75357-0218

| | | |
|----------------|-----------------------------------|-----------|
| Dues Category: | General Member | \$100.00 |
| | International Member | \$25.00 |
| | \$50.00 (see schedule on website) | |
| | Member in Training (with ID) | \$30.00 |
| | Retired | \$50.00 |
| | Part-time practice | \$50.00 |
| | Medical Students | No charge |

If you have questions regarding your dues category, membership, or dues status, please contact Frances Bell, AWP Central Office at 972-613-0985.

We look forward to seeing you in May in San Diego at our Annual Membership Meeting!

Mary Barber, M.D., President

We greatly value your membership in AWP and look forward to working together.

PLEASE UPDATE YOUR CONTACT INFORMATION

(Please print or type clearly)

Name: _____

Mailing address: _____

Phone: _____ FAX: _____

Email: _____

Are you a member of the APA? _____

Do we have your permission to have your contact information on the public section of our web site:

Yes _____ No _____

Do we have your permission to have your contact information on the private, members only, section of our web site:

Yes _____ No _____

If you would like to mail a check for your dues, please mail it along with this form to the address listed below:

Thank you.

Central Office

PO Box 570218

Dallas, TX 75357-0218

FAX: 972-613-5532

Email: francesrotonbell@gmail.com