



Association of Women Psychiatrists

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

ALEXANDRA SYMONDS, M.D.
FOUNDER: 1983

Membership Application Form

Name: _____ Date: _____

Address: _____

Phone/Office: _____ Home: _____

Fax: _____ E-mail: _____

Medical school: _____ Year of graduation: _____

Psychiatric residency training: _____ Year completed (or to be completed): _____

Postgraduate education: _____ Year completed: _____

Areas of special interest in psychiatry: _____

Board Certification in Psychiatry and Neurology Yes _____ No _____ Other Board Certification: _____

Are you a member of?

- American Academy of Child and Adolescent Psychiatry
- American Academy of Psychiatry and the Law
- American Association for Geriatric
- American Association of Community Psychiatrists
- American Association of Directors of Psychiatric Residency Training Programs
- American College of Psychiatrists
- American Medical Association
- American Medical Women's Association
- American Psychiatric Association
- Association for Academic Psychiatry
- Association of Directors of Medical Student Education in Psychiatry

Which AWP Committee would you be interested in chairing or becoming a member of?

Awards _____ Bylaws _____ Membership _____ Program _____ Newsletter _____ Long Range Plan _____

Signature: _____ Date: _____

Annual Dues

General Member: \$100.00

International Member: Countries A/\$50.00 – Countries B/\$25.00

Part Time Member: \$50.00

Retired Member: \$50.00

Residents: \$30.00 with copy of ID

Medical Student: Dues Wavied

All dues include
NWP Subscription AWP

Enclose your check payable to AWP, Inc.

Please mail to:

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