



THE ASSOCIATION OF  
**MEDICINE AND PSYCHIATRY**

## New Membership Application Form

(Calendar Year Membership, January 2019 through December 2019)

[WWW.ASSOCMEDPSYCH.ORG](http://WWW.ASSOCMEDPSYCH.ORG)

Promoting **Education, Mentorship, Research and Quality Patient Care:**  
*At the Interface of Medicine and Psychiatry*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Undergraduate School: \_\_\_\_\_

Undergraduate Degree(s): \_\_\_\_\_ Graduate School: \_\_\_\_\_

Graduate Degree (s): \_\_\_\_\_

Medical School: \_\_\_\_\_

M.D.       D.O.

Medical School Graduation Date: \_\_\_\_\_ Place of Residency: \_\_\_\_\_

FMP       IMP       Other (specify) \_\_\_\_\_

Residency Graduation Date: \_\_\_\_\_ Place of Fellowship: \_\_\_\_\_

Fellowship specialty: \_\_\_\_\_

Fellowship Graduation Date: \_\_\_\_\_



# THE ASSOCIATION OF MEDICINE AND PSYCHIATRY

## Membership Application Form

Current Employer: \_\_\_\_\_

Faculty  Fellow  Resident  Student  Other \_\_\_\_\_

Board Certification(s):

Specialty \_\_\_\_\_ Date \_\_\_\_\_

Specialty \_\_\_\_\_ Date \_\_\_\_\_

Specialty \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been investigated for inappropriate behavior or medical care delivery by any medical board or training program? If yes, please explain below.

No

Yes \_\_\_\_\_

### **Membership Category**

General Member

Early Career General Member\*

Associate Member (Non-Physician Healthcare Providers)

Resident Fellow Member (RFM)\*

Student Member

### **Annual Dues**

\$275.00

\$225.00

\$200.00

\$100.00

\$40.00

\* Early Career General Member is reserved for individuals in the first five year of post-residency/fellowship.

\* Resident Fellow Members must provide a letter of good standing from their program director. This letter can be emailed to [manager@assocmedpsych.org](mailto:manager@assocmedpsych.org).

### **Payment Options**

Check #: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

If you would like to pay for your membership using a credit card, please go online at:

<https://assocmedpsych.org/civcrm/?page=CiviCRM&q=civcrm/contribute/transact&reset=1&id=21>

I understand the Association of Medicine & Psychiatry will review my application and make inquiries about the information contained in this form. I will hold the Association and its officers, members, employees and agents free from my complaint of damage by reason of action taken on my application for membership. If accepted, I will abide by the Association's Constitution and Bylaws and pledge myself to the highest standard of ethical practices.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application to:

Association of Medicine and Psychiatry

4747 N. First Street #140, Fresno, Ca. 93726

Phone: (800) 544-6283 FAX: (559) 227-1463



# THE ASSOCIATION OF MEDICINE AND PSYCHIATRY

## Membership Application Renewal Form

### Supplemental Data Sheet

Area of Practice (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Private Practice      | <input type="checkbox"/> Government/Military           |
| <input type="checkbox"/> Academic- Research    | <input type="checkbox"/> Academic – Clinical Education |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Resident in training          |
| <input type="checkbox"/> Internal Medicine     | <input type="checkbox"/> Family Medicine               |
| <input type="checkbox"/> Neurology             | <input type="checkbox"/> Psychiatry                    |
| <input type="checkbox"/> Integrated Med/Psych  | <input type="checkbox"/> Fellow in Training            |
| <input type="checkbox"/> Other                 |  |

Which of the following topics would you like included in the AMP Annual meeting?

- Mood Disorders
- Anxiety Disorders
- Psychotic Disorders
- Eating Disorders
- Cultural Medicine / Psychiatry
- Medicine / Psychiatry professional development
- Psychiatric Care of the Medically Ill/Psychosomatic Medicine
- Integrated Care Delivery (Med-Psych units, Integrated Clinics, Collaborative care)
- Combined Residency training curriculum development and implementation
- Primary Care Psychiatry
- Pain Medicine / palliative care
- Preventive medicine
- Med Psych clinical updates
- Med Psych research updates
- Other (please specify):

Do you have an interest in becoming a member of the following AMP Committees (PLEASE LIST ALL BELOW WITH CHECK BOX BELOW)

- Annual Planning
- Membership
- Medical Student Affairs Committee
- Early Career Physicians
- Outreach / Advocacy
- Research and Scholarly Activity
- Pharmacy Committee

If an AMP member referred you, please list his/her name and affiliated institution:

Name: \_\_\_\_\_

Institution: \_\_\_\_\_