



American Association of Psychiatric Pharmacists (aapp.org)

Membership Form

online at aapp.org/join

Explore these and other benefits of membership online at aapp.org/member/toolkit!

- Member-only pricing for BCPP Recertification
- Member-only professional development webinars
- Research and scholarship
- Support future psychiatric pharmacists
- Get involved in the association that represents psychiatric pharmacists with the FDA, with JCPP, and with other important governmental and policy organizations.

Support ongoing professional affairs efforts by sharing aapp.org/psychpharm!

Step 1: Choose Membership Type

Category	To 6/30/26	To 6/30/27	To 6/30/28
First Year Active [^]	<input type="checkbox"/> \$100	N/A	N/A
Active	<input type="checkbox"/> \$270	<input type="checkbox"/> \$510	<input type="checkbox"/> \$720
Associate	<input type="checkbox"/> \$270	<input type="checkbox"/> \$510	<input type="checkbox"/> \$720
Resident/Fellow	<input type="checkbox"/> \$100	N/A	N/A
Student	<input type="checkbox"/> \$40	N/A	N/A
Affiliate	<input type="checkbox"/> \$560	<input type="checkbox"/> \$1015	<input type="checkbox"/> \$1465
Retired*	<input type="checkbox"/> \$135	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

*Retired eligibility criteria is available at aapp.org/join.

[^]Status must be verified and approved by AAPP staff.

Checks must be drawn on a US bank in US funds.

Step 2: Your Contact Information

Your Name: _____
Preferred First Name: _____
Job Title: _____
Organization Name: _____
Email: _____
Degrees/Certifications (List in Order Earned): _____
Work Address: _____
Work City/State/Zip: _____
Work Phone: _____
Work Cell Phone: _____
Home Address: _____
Home City/State/Zip: _____
Home Phone: _____
Home Cell Phone: _____
Preferred Mailing Address: ☐ Work ☐ Home

Upon receiving email confirmation of your membership, please complete your profile online at <https://my.aapp.org/>. By completing this form, I acknowledge that I will receive email communication from AAPP regarding a variety of products and services relevant to psychiatric pharmacists, including some that have received external funding. All communication preferences can be updated at any time by logging in at <https://my.aapp.org/>.

Step 3: Payment Information (Please send only via mail)

Bill To:			
Billing Address:			
Payment Method:	<input type="checkbox"/> Check enclosed <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx		
CC Information:	Number:		
	Expiration:	CVV:	
Signature			