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- 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.

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### Step 1: Choose Membership Type

Category	To 6/30/27	To 6/30/28	To 6/30/29
First Year Active <sup>^</sup>	<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](http://aapp.org/join).

<sup>^</sup>Status must be verified and approved by AAPP staff.

Checks must be drawn on a US bank in US funds and mailed via USPS.

### 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://aapp.org/myaapp/current>. 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://aapp.org/myaapp/current>.

### 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	_____