



American Psychiatric Association
Application for District Branch Membership Transfer

A. To be completed by TRANSFERRING MEMBER:

Name _____

Present Address _____ Phone () _____

Former Address _____

a) Has any license to practice medicine ever been revoked or suspended?, b) Are you currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?, c) Have you ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? If yes to any of the preceding questions, please furnish details in a confidential communication to the Chairperson of the District Branch Membership Committee.

I hold a valid license to practice medicine in the state(s) of _____
I will hold the APA, its Branches, members, officers, employees, and agents free from all damage and complaint by reasons of action taken on this application or by reason of any subsequent action on membership, including the sharing between the APA Central Office and District Branches of information about my professional conduct.

Signature _____ Date _____

Please forward all copies of this form, with a copy of your current medical license to former District Branch

B. To be completed by FORMER BRANCH:

District Branch Name _____

Member Class _____

Membership/dues status - This member's local dues have been **paid** and/or **waived** (please circle one) for the year(s) _____. To your knowledge, a) has the member's licenses to practice medicine ever been revoked or suspended?, b) is the member currently charged with illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society?, and c) has the member ever been found guilty of illegal or unethical professional conduct by a regulatory or law enforcement agency or by a professional society? If yes to any of the preceding questions, please furnish details in a confidential communication to the Chairperson of the new District Branch Membership Committee.

TRANSFER APPROVED

Signature _____ /Title _____ Date _____

Please forward all copies to new District Branch

C. To be completed by NEW BRANCH:

District Branch Name _____

Member Class _____

TRANSFER ACCEPTED

Signature _____ /Title _____ Date _____

Please distribute copies as indicated below

D. To be completed by APA MEMBERSHIP OFFICE:

Member's ID# _____ MC/YJ _____ Transfer effective _____

DB#: From _____ To _____

District Branch Dues _____

Information recorded in member's file by _____