



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

APA Member Yes \_\_\_\_\_ No \_\_\_\_\_ AMWA Member Yes \_\_\_\_\_ No \_\_\_\_\_ AMA Member Yes \_\_\_\_\_ No \_\_\_\_\_

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

Awards \_\_\_\_\_ Bylaws \_\_\_\_\_ Membership \_\_\_\_\_ Program \_\_\_\_\_ Newsletter \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annual Dues

General Member: \$75.00  
Part Time Member: \$45.00  
Retired Member: \$ 45.00  
Residents: \$20.00 with copy of ID

Medical Student: Dues Wavied  
International Member: \$100.00  
All dues include  
NWP Subscription AWP

### Enclose your check payable to AWP, Inc.

Please mail to:  
Frances Bell, Executive Director,  
P.O. Box 570218, Dallas, Texas 75357-0218  
E-mail: womenpsych@aol.com  
(972) 613-0985 • Fax (972) 613-5532