

2011 MEMBERSHIP INFORMATION AND APPLICATION

Membership in the Society includes specialist from all medical and health related disciplines the behavioral sciences and the social sciences.

MEMBERSHIP CATEGORIES

Regular Membership - Regular membership is open to professionals in medical, behavioral, scientific and related fields concerned with the treatment and study of psychosomatic processes in health and disease and who are qualified representatives of their respective disciplines. Regular members will normally hold the highest degree appropriate to their field. Evidence of noteworthy contributions to psychosomatic medicine or a comparable level of professional achievement will be acceptable in lieu of these requirements. **Annual dues are \$190, which include a subscription to the Journal.** Applicants must be recommended in writing by one regular or emeritus member.

Associate Membership - Associate Membership is open to students and trainees in medical, behavioral, and related fields concerned with the treatment and study of psychosomatic processes in health and disease who are enrolled in baccalaureate or post baccalaureate training. They have all rights and privileges of regular members with the exception of holding office. **Annual dues are set at a reduced rate of \$60, and include a subscription to the Journal *Psychosomatic Medicine*.** Applications must include verification in writing from a faculty advisor testifying to the applicant's trainee status and interest in psychosomatic medicine.

Emeritus Membership - Emeritus Membership shall be granted upon request of the member to individuals with at least 15 years of regular membership in the Society, and upon reaching either the age of 70 or retirement. Dues are waived while still receiving all benefits of regular membership.

Corresponding Membership - Corresponding membership may be extended to professionals who meet the criteria for regular membership and also reside in developing countries. Applicants must be recommended in writing by one regular or emeritus member. Corresponding members pay reduced, or no, dues as set by the Council. A Journal subscription is available at the reduced rate of \$50.

APS MISSION STATEMENT

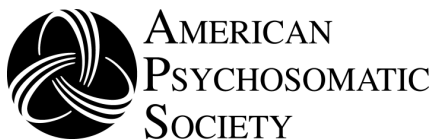
The mission of the American Psychosomatic Society is to promote and advance the scientific understanding and multidisciplinary integration of biological, psychological, behavioral and social factors in human health and disease, and to foster the application of this understanding in education and improved health care.

APPLICATION PROCEDURE

Applications are reviewed and approved by the Credentials Committee of APS once a month. A completed application consists of:

- a) complete application form including one sponsoring signature or a letter from your department chair or mentor (Associate membership applicants);
- b) curriculum vitae;
- c) prepayment of dues:
Regular: \$190; Associate: \$60; Corresponding: no charge, \$50 optional to receive the Journal.

If membership is denied, a refund will be issued.



AMERICAN
PSYCHOSOMATIC
SOCIETY

2011 APPLICATION FOR MEMBERSHIP

Regular \$190 Associate \$60 Corresponding waived

Name: _____ Highest Degree: _____ Date of Birth: _____ Gender M F

Tel: _____ Fax: _____ E-mail: _____

Mailing Address: _____

For Associate Members:

Mentor Name: _____

Mentor Email: _____

Estimated Graduation Date: _____

Description of Professional Activity and Responsibilities (attach extra pages if necessary):

Teaching _____

Patient Care: _____

Research: _____

What percentage of your time do you spend in each of the following areas? (total should equal 100%)

PATIENT CARE _____ TEACHING _____ RESEARCH _____ STUDENT _____

In your present position, do you have administrative duties, e.g.: Chief of Services? _____

Current Discipline (please circle all that apply):

- | | | | | |
|-----------------|------------------|-------------------|-----------------|----------------|
| A. Psychiatrist | B. Internist | C. Pediatrician | D. Psychologist | E. Sociologist |
| F. Nurse | G. Social Worker | H. Epidemiologist | I. Other _____ | |

Interests (please circle all that apply):

- 01 Consultation 02 Behavioral Medicine 03 Psychotherapy 04 Pharmacology 05 Physiology 06 Social Systems 07 Biochemistry
 08 Epidemiology 09 Central Nervous System 10 Cardiovascular 11 Endocrine 12 Immunologic 13 Gastrointestinal 14 Oncology
 15 Musculoskeletal 16 Metabolism 17 Pulmonary 18 Renal 19 Genitourinary 20 AIDS 21 Pain 22 Health Services Research
 23 Women's Health 24 Behavioral Genetics 26 Medical Education 99 Other

Please indicate how you learned about APS(circle all that apply):

- A. Mentor
 B. Colleague
 C. Printed Material
 D. *Psychosomatic Medicine* Journal
 E. APS Website
 F. Other, please specify _____

Demographic Information

Race: American Indian ___ Asian ___ Native Hawaiian or Pacific Islander ___ African American ___ Caucasian ___ Other ___
Ethnicity: Hispanic or Latino ___ Other ___

Educational History (University, Degree, Year):

If applying for Regular membership, you must submit one signature of recommendation from a professional who is highly respected in the field and a CV. If applying for Associate membership, a CV and a letter from your department chair or mentor is needed as an endorsement and student verification. (The letter can be faxed (703) 556-8729 or emailed info@psychosomatic.org.)

Endorsed by - Printed Name

Endorsed by – Signature

Date

****Prepayment of dues is necessary in order for applications to be processed. (VISA OR MASTERCARD ONLY)***

Please check the payment method you are using: Check ___ Cash ___ Credit Card ___ Amount: \$ _____

If using a credit card, please complete the following: Card #: _____

Expiration Date: _____ Signature: _____