

American Neuropsychiatric Association
Dues Invoice— (Please Print or Type)
You can now pay dues online at: www.anpaonline.org

Name: _____ MD PhD DO _____

Work Address: _____ Home Address: _____

_____ Home Phone: _____

Work Phone: _____ Send mail to: Work Home

Fax: _____ Diplomat in BN & NP:

E-mail: _____ Dues Year: _____

Date of Birth: _____

Orientation of Practice (check the **one** box that best describes your professional work)

- | | | | | |
|---|-------------------------------------|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Research |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Behavioral Neurology | <input type="checkbox"/> Psychology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Neuropathology | |

Research

Please go to the ANPA website and add your research interests. Website address: www.anpaonline.org

- Level of Membership** Full (for professionals) - \$225
 Junior (for applicants in training, including fellowships and residencies) - \$65

Payment Instructions

Pay dues online at: www.anpaonline.org or you may pay by check, Visa, MasterCard or American Express (please complete information below for credit card payments) *Make all checks payable to the American Neuropsychiatric Association.*

Please complete this form and send payment to: ANPA, 700 Ackerman Rd, Suite 625, Columbus, OH 43202
Or fax credit card payment to: 614-263-4366

Once your membership dues are received your subscription to *The Journal of Neuropsychiatry and Clinical Neurosciences* will resume and you will receive the member's discount on registration fees for the annual meeting. If you have any questions, please call 614-447-2077 or e-mail to anpa@osu.edu

Check # _____ Amount: \$ _____

Credit Card Payment: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Cardholder's Name (as on card): _____

Cardholder's Signature: _____ Amount: \$ _____

700 Ackerman Road, Suite 625, Columbus, OH 43202

Telephone: 614-447-2077 Fax: 614-263-4366 E-mail: anpa@osu.edu Website: www.anpaonline.org