

**SOCIETY FOR THE STUDY OF PSYCHIATRY AND CULTURE
DUES FORM FOR THE YEAR _____**

Please provide your preferred mailing address, email, and telephone number contact information. This will be your contact information on the SSPC website in the members only password protected section.

First Name: _____ Middle Initial: _____
Last Name: _____ Suffix (e.g. Jr, III): _____
Highest Degree(s): _____ Job Title: _____
Business/Organization: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: _____ Fax: _____ Email: _____

**DUES ARE PAYABLE IN US DOLLARS. PLEASE MAKE CHECKS PAYABLE TO SSPC OR
CHARGE YOUR PAYMENT TO YOUR CREDIT CARD BY COMPLETING THE CREDIT CARD
INFORMATION SECTION BELOW.**

\$75 – MD, \$40 – PhD, \$25 - Residents and Fellows, \$10 – Students

COMPLETE THIS SECTION IF YOU ARE PAYING BY CREDIT CARD:

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RETURN THE MEMBERSHIP FORM TO:

James Boehnlein, MD
Department of Psychiatry (UHN80T)
OHSU
3181 SW Sam Jackson Park Road
Portland, OR 97239 USA
Fax: (503) 273.5390

For faster processing, please complete this form, save it on your computer, then email it as an attachment to sspc2010montreal@gmail.com.

PLEASE NOTE THAT THE DEADLINE FOR DUES IS JANUARY 30TH OF EACH YEAR