

**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: _____

Highest Degree(s): _____ Job Title: _____

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.**

\$125 – MD, \$75 –retired MD \$50 – PhD, RN, SW, et al \$35 – Residents,
Fellows, and Students

COMPLETE THIS SECTION IF YOU ARE PAYING BY CREDIT CARD:

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Card CID: _____ (3 digits on back signature strip; AMEX 4 digits on front)

Billing Address (if different than above):

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City: _____ State/Province: _____ Zip Code: _____

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, and then email it as an attachment to sspc2012nyc@gmail.com

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