**AAGP Institutional Membership Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Select Member Type** **(minimum of three Full/Affiliate Membership required)** |  | **Membership Quantity** | **Total USD** |
| Psychiatrist Member | $345  |   |   |
| Non-Psychiatrist Member | $295  |   |   |
| Retired  | $180  |   |   |
| Member-in-Training \* | $50  |   |   |
| Student with online AJGP | $50  |   |   |
| Student | $25  |   |   |
|  \*substitute three Member-In-Training memberships per each of the Full/Affiliate memberships | **Total**  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Institution Member Name** | **Institution Member Email** | **Member Type to Apply** |
| 1 |   |   |   |
| 2 |   |   |   |
| 3 |   |   |   |
| 4 |   |   |   |
| 5 |   |   |   |
| 6 |   |   |   |
| 7 |   |   |   |
| 8 |   |   |   |
| 9 |   |   |   |
| 10 |   |   |   |

**Please email completed form to** **membership@aagponline.org** **and we will send an invoice for the Institution Membership Package.**