



# International Psychogeriatric Association

IPA...Better Mental Health for Older People

Send completed form to:  
International Psychogeriatric Association  
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**Payment may be made online – go to**  
[www.ipa-online.org/Membership/Join IPA](http://www.ipa-online.org/Membership/Join IPA)

## IPA Member Information

ID# \_\_\_\_\_

Please print or type your responses to the following items.

### 1. Name

Given (first) Name(s) \_\_\_\_\_

Family (last) Name (s) \_\_\_\_\_

Credentials/Degrees (e.g., MD, FRCP, FRCPsych, Mphil, etc.): \_\_\_\_\_

Please write your name here exactly as you would like it to appear on correspondence, with preferred salutation and qualifications:

SALUTATION: (e.g., Prof. Dr. Doe) \_\_\_\_\_

### 2. Business Mailing Address and Telephone

Business Email Address \_\_\_\_\_

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Postal Code \_\_\_\_\_

Country \_\_\_\_\_

*Country code / City code / Local number:* \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

### 3. Home Mailing Address and Telephone

Home Email Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Postal Code \_\_\_\_\_

Country \_\_\_\_\_

*Country code / City code / Local number:* \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

4. Please indicate if you **prefer** to receive email from IPA at your home or business email address:

a. Home email address

b. Business email address

5. Please indicate if you prefer to receive regular mail from IPA at your home or business mailing address:

a. Home mailing address

b. Business mailing address

### Professional Information

6. Please indicate the number of years you have been working:

a. In any health/medical field: \_\_\_\_\_ Years

b. In a field related to Psychogeriatrics: \_\_\_\_\_ Years

**IPA Member Information**

**NAME/ID#:** \_\_\_\_\_

**7. Please indicate your professional discipline(s): (You may circle more than one.)**

- |                                  |                         |                           |
|----------------------------------|-------------------------|---------------------------|
| 01 Administration/Management     | 11 Neurophysiology      | 21 Psychiatry             |
| 02 Epidemiology                  | 12 Neuropsychiatry      | 22 Psychogeriatrics       |
| 03 General or Family Medicine    | 13 Neuropsychology      | 23 Psychology             |
| 04 Geriatric Medicine/Geriatrics | 14 Nuclear Medicine     | 24 Psychopharmacology     |
| 05 Gerontology (non-clinical)    | 15 Nursing              | 25 Public Health Medicine |
| 06 Internal Medicine             | 16 Nursing Homes        | 26 Radiology              |
| 07 Law                           | 17 Occupational Therapy | 27 Social Work            |
| 08 Library                       | 18 Pharmacology         | 28 Speech Therapy         |
| 09 Neurology                     | 19 Pharmacy             | 29 Other, please specify: |
| 10 Neuropathology                | 20 Physiotherapy        | _____                     |

**8. Please indicate your function in your job: (You may circle more than one.)**

- a. Administration
- c. Clinical Practice
- e. Education
- r. Research (includes academic)
- o. Other, please specify: \_\_\_\_\_

**9. Please indicate your professional interest(s): (You may circle more than one.)**

- |   |   |                                     |
|---|---|-------------------------------------|
| 101 Age Associated Memory Impairment    | 126 Depression                            | 151 Neuropathology                  |
| 102 Alcohol Related Disorders           | 127 Diagnosis and Classification          | 152 Neuropsychological Testing      |
| 103 Alzheimer's Disease Society         | 128 Diagnostic Issues                     | 153 Normal Ageing                   |
| 104 Animal Models                       | 129 Drug/Substance Abuse                  | 154 Nursing Homes                   |
| 105 Anxiety Disorders                   | 130 Drugs – Antianxiety Agents            | 155 Nutrition                       |
| 106 BEAM and Evoked Potentials          | 131 Drugs – Antidepressants               | 156 Other Cerebrovascular Disease   |
| 107 Behavioral Disturbances             | 132 Drugs – Antidementia                  | 157 Other Neurological Disorders    |
| 108 Behavioral Therapy                  | 133 Drugs – Clinical Drug Trials          | 158 Other Treatments                |
| 109 Bereavement                         | 134 Drugs – Drug Interaction/Side-effects | 159 Outcome Measures                |
| 110 Biological Markers                  | 135 Drugs – Lithium Drugs - Neuroleptics  | 160 Pain                            |
| 111 Caregiving                          | 136 Drugs - Pharmacokinetics              | 161 Parkinson's Disease Phenomology |
| 112 Cerebral Metabolism and Physiology  | 137 ECT                                   | 162 Phenomenology                   |
| 113 Cognitive Therapy                   | 138 Electroencephalography                | 163 Post Traumatic Stress Disorder  |
| 114 Community Services                  | 139 Endocrinology                         | 164 Psychotherapy                   |
| 115 Cross-cultural/Ethnic Issues        | 140 Epidemiology                          | 165 Rating Scales/Evaluation        |
| 116 Day Care                            | 141 Ethics                                | 166 Rehabilitation                  |
| 117 Delirium                            | 142 Family/Group Therapy                  | 167 Research Design and Methodology |
| 118 Dementia – Alzheimer's Disease      | 143 Genetics                              | 168 Schizophrenia/Paraphrenia       |
| 119 Dementia – Frontal Lobe             | 144 Long Term Care                        | 169 Sensory Disorders               |
| 120 Dementia – Huntington's Disease     | 145 Mania                                 | 170 Sexuality                       |
| 121 Dementia – Lewy Body Disease        | 146 Medical/Legal Issues                  | 171 Sleep Disorders                 |
| 122 Dementia – Multi-infarct (vascular) | 147 Molecular Biology                     | 172 Social Care                     |
| 123 Dementia – Non-cognitive Features   | 148 Neurochemistry                        | 173 Stroke                          |
| 124 Dementia – Other                    | 149 Neuroimaging                          | 174 Suicide                         |
| 125 Dementia – Reversible               | 150 Neurology                             | 175 Other                           |

**10. Please describe your primary place of employment:**

- a. Name of department in which you work (e.g., Neurology Department): \_\_\_\_\_
- b. Please indicate the number of employees who work for your department: \_\_\_\_\_

**11. Please indicate if you are licensed/registered to practice the following professions in your country: (Circle all that apply)**

- a. Medicine
- b. Nursing
- c. Social Work
- d. Other, please specify \_\_\_\_\_

**IPA Member Information**

**NAME/ID#:** \_\_\_\_\_

**12.** If you are a member of other professional organizations, please list their names and countries below: (*For example: European Association of Psychiatrists - EAP*)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**IPA Activities:** Please circle your answer to each question below

	Yes	No
<b>13.</b> Are you interested in serving on an IPA Committee or Task Force?	1	2
<b>14.</b> Have you attended an IPA Congress in the past three years?	1	2
<b>15.</b> Have you attended an IPA Regional Meeting in the past three years?	1	2
<b>16.</b> Have you visited the IPA Website?	1	2
<b>17.</b> Are you interested in research collaboration with colleagues from other countries?	1	2

**18.** Please rate the following IPA membership benefits in their order of importance to you:

Membership Benefit	Very Important	Somewhat Important	Not Important
a. <i>International Psychogeriatrics</i>	1	2	3
b. <i>IPA Bulletin</i>	1	2	3
c. <i>IPA Online (website)</i>	1	2	3
d. <i>Reduced Meeting Registration Fees</i>	1	2	3
e. <i>Opportunity to network with others in your professional area</i>	1	2	3
f. <i>Behavioral and Psychological Symptoms of Dementia Modules</i>	1	2	3
g. <i>Alzheimer's Disease Diagnosis Kit</i>	1	2	3
h. <i>Other, please specify:</i>	1	2	3

**19.** What additional benefits would you like IPA to offer to members?

\_\_\_\_\_

\_\_\_\_\_

**Demographic Information:** Please note that your responses to the following questions are voluntary and will be held in the strictest confidence by IPA. This information is helpful in understanding and planning for our membership. Please fill in your answer, or check your response:

- 20.** Year of birth (yyyy): \_\_\_\_\_
- 21.** Gender:     Female     Male

Please provide any comments or questions below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please check this box if you do NOT want IPA to include your name on lists rented to other appropriate organizations for distribution by POST of carefully selected materials.
  - Please check this box if you do NOT want IPA to send information about IPA meetings and projects by EMAIL.
- NOTE: IPA never sells member email addresses to other organizations.

PAYMENT INFORMATION FOLLOWS

