



MEMBERSHIP APPLICATION

Thank you for joining the International Psychogeriatric Association (IPA). Please provide the following information so we may serve you as well as understand your needs. We look forward to working with you to advance our mission: *better mental health for older people.*

Send completed form to:

International Psychogeriatric Association
550 Frontage Road, Suite 3759
Northfield, IL 60093 USA

Telephone: +1.847.501.3310
Fax: +1.847.501.3317
E-mail: ipa@ipa-online.org
Web: www..ipa-online.org

Payment may be made online – go to www.ipa-online.org

IPA Member Information (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

Business Email Address _____

Name of Business _____

Street Address _____

City: _____ State/Province _____

Country _____ Postal Code _____

3. Home Mailing Address

Home Email Address _____

Street Address _____

City: _____ State/Province _____

Country _____ Postal Code _____

4. Telephone Information

		Country code	City code	Local number
Business	Telephone			
	Fax			
	Mobile			
Home	Telephone			
	Fax			
	Mobile			

5. 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

6. 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

- 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 releases member email addresses to other organizations.

IPA Member Information

NAME/ID#: _____

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 for item 6, and place an **X** to indicate your response for item 7.

7. Year of birth (yyyy): _____

8. Gender: Female Male

Professional Information

9. What do you think are the top **three issues/challenges** confronting the field of psychogeriatrics?

1. _____
2. _____
3. _____

10. When did you start work:

- a. In any health/medical field: _____ Indicate the year
- b. In a field related to Psychogeriatrics: _____ Indicate the year

11. From the list below, please write down the number associated with your **primary** and **secondary** professional **discipline(s) or training**:

Primary Discipline _____

Secondary Discipline _____

- | | | |
|----------------------------------|-------------------------|---------------------------|
| 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 | _____ |

12. Please indicate your **primary** and **secondary function** in your job:
(Please select only **ONE** choice for each column by marking an **X**)

- a. Administration
- b. Clinical Practice
- c. Education
- d. Research (includes academic)
- e. Other please specify

Primary Function	Secondary Function

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

- | | |
|----------------|--------------------------------|
| a. Medicine | d. Occupational Therapy |
| b. Nursing | e. Psychology |
| c. Social Work | f. Other, please specify _____ |

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

- If you have more than four professional organizations, please list them on an attached sheet of paper.
- a. _____
 - b. _____
 - c. _____
 - d. _____

IPA Member Information

NAME/ID#: _____

15. From the list below, please select your top **SIX** professional **interests**, and rank them by writing the number of the interest in the appropriate space. (Please select only 6)

1st Choice _____ 2nd Choice _____ 3rd Choice _____
 4th Choice _____ 5th Choice _____ 6th Choice _____

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

IPA Association Information

16. How did you learn about the International Psychogeriatric Association? (Please place an **X** by only **ONE** answer)

- _____ a. Colleague
- _____ b. IPA member
- _____ c. IPA Web site
- _____ d. *International Psychogeriatrics* (IPA journal)
- _____ e. Attended an IPA meeting or congress
- _____ f. IPA exhibit at another association conference
- _____ g. IPA affiliate organization
- _____ h. Information sent by mail/post
- _____ i. Other – please specify _____

17. What are your **primary** and **secondary** reasons for joining IPA? (Please select only **ONE** choice for each column by marking an **X**)

- a. Advocacy/Public Policy
- b. Education
- c. Information
- d. Interact with colleagues
- e. Positive reputation of IPA
- f. Research
- g. Other – please specify _____

Primary Reason	Secondary Reason

____ Primary ____ Secondary

International Psychogeriatric Association

IPA...Better Mental Health for Older People

**If you have already paid membership dues online, please discard this page.
A copy of a completed membership application must accompany all payments.**

IPA Secretariat use only:	ID#
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Membership Dues

Payment may be made online – go to www.ipa-online.org

Invoicing Information

Date: _____

Given (first) Name(s): _____
 Family (last) Name(s): _____
 Business Email Address: _____
 Name of Employer: _____

Street Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code _____

Country code / City code / Local number:

Telephone _____

Fax _____

Confirmation Email _____
(we will confirm your payment)

Payment Information – Please check () the membership category you are selecting.
 (See the country code listing on the IPA website.)

<input checked="" type="checkbox"/>	<u>Country Code</u>	<u>Membership Category</u>	<u>Dues</u>
	A or B	Physician - 1 year	\$110
	A or B	Physician - 2 years	\$200
	A or B	Non-physician	\$70
	A or B	Student	\$50
	A or B	Retiree	\$50
	A or B	Government Employee	\$50

<input checked="" type="checkbox"/>	<u>Country Code</u>	<u>Membership Category</u>	<u>Dues</u>
	C or D	Full Benefits	\$85
	C or D	Physician	\$20
	C or D	Non-physician	\$20
	C or D	Student	\$20
	C or D	Retiree	\$20
	C or D	Government Employee	\$20

Method of Payment

Visa (16 digits)
 MasterCard (16 digits)
 American Express (15 digits)
 Check* (enclosed)

____ -- ____ -- ____ --
 Account Number

____ / ____
 Expiration date (mo/yr)

 Signature

 Cardholder's name (please print)

*Checks, payable to the International Psychogeriatric Association, must be in U.S. dollars and drawn on a bank with an account relationship in the United States. A bank charge of U.S. \$50.00 must be added to any check not meeting this requirement.

***IF YOU FAX THIS FORM, PLEASE DO NOT MAIL THE ORIGINAL**

Send completed form to:

International Psychogeriatric Association
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 Web: www.ipa-online.org

Allow 2-4 weeks for processing.



Membership Options

IPA Member Benefits

- An opportunity to **interact with colleagues** around the world who share an interest in advancing research, education, and theory about mental health in older people.
- **Education and meetings** reflecting the many disciplines in Psychogeriatrics and the collective expertise of the world; IPA members receive special “members only” rates for all our meetings and activities – IPA holds an **International Congress** every two years (even years) and an **International Meeting** is conducted approximately 1 to 2 times per year.
- A subscription to **International Psychogeriatrics**, IPA’s peer-reviewed journal, which includes eight issues per year and any additional special-focus supplements.
- The **IPA Bulletin**, an informative quarterly newsletter.
- **IPA Online** – the IPA website – including member area with special features including access to fellow members, and the IPA Learning Portal.
- Support the **growth of Psychogeriatrics around the world**, including contributing to the Sponsored Member Program to help associations in developing countries pass knowledge to their members.

IPA Membership Options – Dues

In an effort to make IPA accessible to each Psychogeriatric healthcare professional, IPA dues are based on discipline and location as determined by the World Bank Country by Economy list. Therefore, member options are defined as either:

Full Benefits – Full member benefits mean that publications are provided in paper copies.

Electronic Benefits – Full member benefits but dues are reduced and therefore publications are distributed electronically only.

Country Code	Membership Category	Dues
A or B	Full Benefits - 1 year	\$110
A or B	Full Benefits - 2 years	\$200
A or B	Physician - 1 year – Full Benefits	\$110
A or B	Physician - 2 years – Full Benefits	\$200
A or B	Non-physician – Electronic Benefits	\$70
A or B	Student – Electronic Benefits	\$50
A or B	Retiree – Electronic Benefits	\$50
A or B	Government Employee – Electronic Benefits	\$50

Country Code	Membership Category	Dues
C or D	Full Benefits - 1 year	\$85
C or D	Physician – Electronic Benefits	\$20
C or D	Non-physician – Electronic Benefits	\$20
C or D	Student – Electronic Benefits	\$20
C or D	Retiree – Electronic Benefits	\$20
C or D	Government Employee – Electronic Benefits	\$20