



**MEMBERSHIP FORM**  
**I WISH TO BE A MEMBER OF THE**  
**INTERNATIONAL ASSOCIATION**  
**FOR WOMEN'S MENTAL HEALTH**  
**NEW LOWER MEMBER FEES IN 2020!**

Family Name \_\_\_\_\_ Gender:  F  M  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Affiliation / Institution \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

**Your Profession:**

- Psychiatrist  Gynecologist  Other MD  Psychologist  Nurse  Social Worker  
 Policy Maker  Researcher  Academic  Other \_\_\_\_\_

**Area of Interest / Activity / Research:**

- Women & Psychiatric Disorders  Treatment Issues for Women with Mental Illness  
 Etiology & Prevention of Mental Illness  Psychological Aspects of Medical Illness  
 Political & Sociocultural Issues  Violence  Women's Mental Health in Special Populations  
 Reproduction & Women's Mental Health  Infertility  Pregnancy  Pregnancy Termination  
 Postpartum  Menopause  Sexuality  Medical - Legal  
 Other \_\_\_\_\_

**Dues – payable on an Annual Basis and renewable on January 1 of each year.**

- \$99 USD – Category A Country  \$49 USD – Category B Country - See list of countries at [www.iawmh.org](http://www.iawmh.org)  
[www.iawmh.org](http://www.iawmh.org) to sign up on line.

**Payment** by Visa, MasterCard, or American Express. **Credit card payments may be faxed to (301) 983-6288.**

- Master Card  Visa  AMEX Credit Card Number: \_\_\_\_\_  
Billing Address of Cardholder: \_\_\_\_\_

Last 3 or 4 Digits on the Back of the Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Authorized to Charge on Credit Card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

The Above Signature Hereby Authorizes This Transaction

Please set this credit card to autorenew each year  Yes  No

**Wire transfer information available upon request – email to [info@iawmh.org](mailto:info@iawmh.org)**

**PLEASE RETURN THIS COMPLETED FORM WITH CREDIT CARD INFO OR WITH CHECK TO:**  
**IAWMH • 8213 Lakenheath Way • Potomac, Maryland 20854 USA**