

**Anxiety and Depression Association of America**

Post-Doctoral Fellow/Trainee/Resident Membership Application

Apply online at **www.adaa.org** or send this completed application to
ADAA at 8701 Georgia Ave., Suite 412 Silver Spring, MD 20910
 Phone 240-485-1030

**Membership Criteria**

**Eligibility requirements:** active involvement in postgraduate research or clinical training in any discipline relevant
to ADAA’s mission.

**Submit a letter** from your institution or supervisor verifying your status as a fellow, resident, research associate, licensure trainee, or intern. Clinical trainees are not licensed or certified to practice. Individuals may remain active members in this category for a maximum of three years. Trainee/postdoctoral fellow/resident members are***not******eligible*** for listing in Find a Therapist and may not be nominated for open positions on the Board of Directors.

**Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year(s) received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current institution or business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City/State/Zip/Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_

**License or certification** [ ]  License certification number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Not yet received

**Fees:** Annual Dues **$115.00**

 Donation to ADAA \_\_\_\_\_\_\_

 **Total amount due \_\_\_\_\_\_\_**

**Payment** [ ]  Check [ ]  Visa [ ]  MasterCard [ ]  American Express

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