



**PSYCHIATRY PROFESSIONAL  
MEMBERSHIP RENEWAL FORM**

**PSYCHIATRIST MEMBERSHIP RENEWAL (ANNUAL)**      **Renewal Date:** \_\_\_\_\_

Membership fees include one page professional listing in the Referrals section of our Web site at [www.pituitary.org](http://www.pituitary.org), professional listing link posted in two consecutive 'Highlights' e-newsletters, as well as an individual listing in the referrals section of the Pituitary Patient Resource Guide.

SELECT YOUR LISTING CATEGORY

- Psychiatrists (**\$295**)
- Other (Please ask for your specific field to be presented on the pituitary.org website listings.  
Contact: [pna@pituitary.org](mailto:pna@pituitary.org) or phone: (805) 499 9973 for information and membership pricing.

MEMBERSHIP PAYMENT INFORMATION

- Payment Information:       Invoice Required
- Visa / MC / Amex / Discover       Check Enclosed
- Cardholder: \_\_\_\_\_
- Card #: \_\_\_\_\_
- Expiration: \_\_\_\_\_
- Signature: \_\_\_\_\_

**Our website at [www.pituitary.org](http://www.pituitary.org) features an Ask the Experts** section where pituitary patients can post disorder related questions. While it is made clear that this forum is in no way a substitution for consultation with their Psychiatrist(s), our Ask The Experts is a valuable resource for patients seeking added information from those more familiar with their condition. We are always interested in adding qualified professionals to our list of those willing to help answer some of these questions. Please let us know if you would like to participate.

- Yes, I would like to participate in the Ask The Experts online program.      Email: see UPDATED LISTING INFORMATION

UPDATED LISTING INFORMATION

Your name as it should appear in your listing: \_\_\_\_\_

Clinic/Group: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

---

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

UPDATED INTERNET REFERRAL INFO (Please send us your photo with this form for inclusion in your listing.)

Title: \_\_\_\_\_

Education: \_\_\_\_\_

Professional Certifications: \_\_\_\_\_

Awards/Honors: \_\_\_\_\_

Professional Associations: \_\_\_\_\_