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February 1, 2018

Dear Academy Representative:

I am writing to request payment of the annual dues for **2018** for your program's membership in the Academy of Psychological Clinical Science. The dues are \$400.00 per year, and this is your invoice for that amount. Please log on to our website at <https://www.acadpsychclinicalscience.org/for-program-reps.html> to pay the dues. Remember to note the name of your program when you make the payment. If you are unable to pay electronically with a credit card, please mail your check to the following address:

Stacy L. Frazier, Ph.D.  
Treasurer / Academy of Psychological Clinical Science  
Department of Psychology  
Florida International University  
11200 S.W. 8th Street  
Miami, FL 33199

The Academy's Employer Identification Number is **39-1891962**, which your business office may require before payment.

Thank you for your membership in the Academy, and for your prompt attention to this request. If you have any questions, please contact me by e-mail at [slfrazi@fiu.edu](mailto:slfrazi@fiu.edu).

Cordially,

A handwritten signature in blue ink, appearing to read 'Stacy Frazier'.

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Stacy L. Frazier, PhD

APCS Treasurer

Associate Professor | Director of Clinical Training

Center for Children and Families | Clinical Science Program in Child and Adolescent Psychology

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