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February 26, 2019

Dear Academy Representative:

I am writing to request payment of the annual dues for **2019** for your program's membership in the Academy of Psychological Clinical Science. The dues are \$450.00 per year, and this is your invoice for that amount. Please note that dues have increased by \$50 for 2019, approved at the 2018 meeting.

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:

Nicholas R. Eaton, Ph.D.
Psychology B Building
Stony Brook University
Stony Brook, NY 11794-2500

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 nicholas.eaton@stonybrook.edu.

Cordially,

Nicholas R. Eaton, Ph.D.
Treasurer, Academy of Psychological Clinical Science
Associate Professor
Department of Psychology
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