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August 12, 2020

Dear Academy Representative:

I am writing to request payment of the annual dues for **2020** 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 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.
2 N 6th Pl
Apt 23E
Brooklyn, NY 11249

I am using my personal address, because it is unclear how campus mail will function in the months ahead.

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
Director of Clinical Training
Associate Professor
Department of Psychology
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