



COUNCIL ON SOCIAL WORK EDUCATION

# 2010 Application for Individual Membership

Membership dues rates are effective through June 30, 2010

## Step 1: Provide Your Contact Information

SALUTATION (e.g., Professor, Dean, Dr., Mr., Ms., etc.)      FIRST NAME      LAST/FAMILY NAME

DEGREES (Please limit to no more than two)

DEPARTMENT      TITLE

INSTITUTION/COMPANY

ADDRESS

CITY      STATE/PROVINCE      ZIP/POSTAL CODE      COUNTRY

BUSINESS TELEPHONE      FAX      E-MAIL

HOME ADDRESS (Optional)

HOME TELEPHONE

PREFERRED MAILING ADDRESS  WORK  HOME

UNIVERSITY/ORGANIZATION AFFILIATION

Occasionally the Council provides its member mailing lists to third parties. Only name and preferred mailing address may be released. If you wish not to be included in these mailing lists, please check the box below.

I do not wish to receive third-party mailings.

## Step 2: Provide your Demographic Information

Demographic information is optional. Data may be released in aggregate for noncommercial research purposes and with proper assurances of confidentiality. Access to individual data is restricted to Council staff and governance groups for internal purposes, except as permitted by the individual member below.

1. Year of Birth: \_\_\_\_\_

2. Gender Identity:

Woman  Man  Intersex  Transgender/Gender Queer/Two-Spirit

3. Person with a Disability

4. Sexual Orientation:

Lesbian  Gay  Bisexual  Heterosexual  Other  Choose Not to Answer

5. Ethnic Identification (*check ALL that apply*):

African American/other Black  American Indian/Native American  Asian American/other Asian

Pacific Islander  Chicano/Mexican American  Puerto Rican  White (non-Hispanic)

Other Latino/Hispanic  Other Groups

By checking the following box, you are permitting your demographic and contact information to be available to qualified researchers for noncommercial research purposes and with proper assurances of confidentiality.

I permit release of my demographic and contact information for noncommercial research purposes and with proper assurances of confidentiality. *(Application continues on back)*

### Step 3: Select Volunteer Opportunity

Please indicate below if you are interested in serving in one or more of the following capacities. This information will be included in the member database, and you may be contacted in the future about opportunities or for more information about your expertise. CSWE depends on its members to volunteer for service in several areas.

- Member of a CSWE commission, council, or task force
- Journal of Social Work Education* guest reviewer or consulting editor
- Annual Program Meeting abstract reviewer

### Step 4: Select Membership and Voting Categories

Membership Category (check one)	Dues	Voting Category (check one if applicable)
<input type="checkbox"/> <i>Full Member</i> : Current faculty or administrator in CSWE-accredited programs or programs in candidacy status, or practitioner with educational responsibilities for students in social work degree programs.	\$195.00	<input type="checkbox"/> <i>Graduate Faculty/Administrator</i> <input type="checkbox"/> <i>Undergraduate Faculty/Administrator</i> : Individuals who teach or have administrative responsibilities in both graduate and undergraduate programs may select either category, but only one category may be selected.
<input type="checkbox"/> <i>Emeritus</i> : Emeritus faculty or administrators from CSWE-accredited programs or programs in candidacy status.	\$75.00	<input type="checkbox"/> <i>Practitioner</i>
<input type="checkbox"/> <i>Student</i> : Must be a full-time student and not employed full-time in social work education. You may be asked to provide certification of your full-time academic status.	\$55.00	<i>Non-voting</i>
<input type="checkbox"/> <i>Associate</i> : Faculty of nonaccredited social work programs or programs in other disciplines, practitioners without social work educational responsibilities, or others who wish to support social work education through individual membership.	\$195.00	

### Step 5: Select Dues Payment option

Note: Applications are not processed until payment is received.

Payment Amount:  Full/Associate - \$195.00

Emeritus - \$75.00

Student - \$55.00

I've enclosed:  a check or money order

an international money order made payable to CSWE

Please charge my:

MasterCard  Visa  American Express

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

DATE \_\_\_\_\_

Member Dues _____
CSWE Gero-Ed Center (optional): \$25.00 suggested min. contribution _____
Katherine A. Kendall Institute endowment (optional): \$25.00 suggested min. contribution _____
Carl A. Scott Fund (optional): \$25.00 suggested min. contribution _____
Social Work Education Tribute Fund (optional): \$25.00 suggested min. contribution _____
TOTAL _____

**Send application and payment to:** Council on Social Work Education  
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Alexandria, VA 22314-3457 USA  
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