



COUNCIL ON SOCIAL WORK EDUCATION

# Application for Individual Membership

Membership dues rates are effective beginning July 1, 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. Ethnic Identification (*check ALL that apply*)
  - African American/other Black  American Indian/Native American  Asian American  Pacific Islander
  - Chicano/Mexican American  Puerto Rican  White (*non-Hispanic*)
  - Other Latino/Hispanic  Other Group(s) (*please specify*) \_\_\_\_\_
4. Person with a Disability
5. Sexual Orientation
  - Lesbian  Gay  Bisexual  Heterosexual  Other

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 proposal reviewer

### Step 4: Select Membership Category

Membership Category <i>(check one)</i>	Dues
<input type="checkbox"/> <b>Full Member: Faculty and Administrators</b> Faculty and Administrator Members consist of persons holding paid faculty, administrative or managerial appointments in programs accredited by CSWE.	\$195
<input type="checkbox"/> <b>Full Member: Individual</b> Individual Members consist of individuals affiliated with national, state, local, voluntary, public social welfare agencies, and other professional social work organizations, field instructors with educational responsibilities for students in social work undergraduate and graduate programs, as well as others who wish to support social work education through membership in CSWE.	\$195
<input type="checkbox"/> <b>Associate Member: Emeritus</b> Emeritus Members consist of emeritus faculty or administrators from CSWE accredited programs and those programs in candidacy status.	\$75
<input type="checkbox"/> <b>Associate Member: Student</b> Student Members consist of full-time and part-time students. A student member cannot hold a full-time academic appointment.	\$55
<input type="checkbox"/> <b>Associate Member: Associate Organization</b> Associate Organization Members consist of agencies, institutions, professional libraries and library associations, and other organizations interested in social work education.	\$300

### Step 5: Select Dues Payment Option

Note: Applications are not processed until payment is received.

- Amount:**  Full Member - \$195  Emeritus - \$75  
 Student - \$55  Associate Organization - \$300
- Method:**
  - Check or money order
  - International money order made payable to CSWE
 Credit Card; please charge my:
  - MasterCard  VISA  American Express

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

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

SIGNATURE \_\_\_\_\_

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

AUTHORIZED DATE \_\_\_\_\_

Member Dues	_____
Gero-Ed Center* <i>(optional)</i> :	_____
Katherine A. Kendall Institute Endowment* <i>(optional)</i> :	_____
Carl A. Scott Memorial Fund* <i>(optional)</i> :	_____
Ashley Brooks-Danso Memorial Fund* <i>(optional)</i> :	_____
Social Work Education Tribute Fund* <i>(optional)</i> :	_____
<b>TOTAL</b>	_____
*\$25 suggested minimum contribution	

**Send application and payment to:** Council on Social Work Education  
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 Alexandria, VA 22314-3457 USA  
 Telephone: +1.703.519.2067 Fax: +1.703.683.8493