



COUNCIL ON SOCIAL WORK EDUCATION

Application for Individual Membership

Membership dues rates are effective beginning July 1, 2012

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 (non-Hispanic) American Indian/Native American/Alaskan Native Asian American
 - Pacific Islander Chicano/Mexican American Puerto Rican White (*non-Hispanic*)
 - Other Latino(a)/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: Identify Volunteer Interest Areas

CSWE depends on its members to volunteer for service in several areas. Identify your interest to be contacted in the future about opportunities or for more information about your expertise.

- 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"/> Full Member: Faculty and Administrators Faculty and Administrator Members consist of persons holding paid faculty, administrative or managerial appointments in programs accredited by CSWE and those programs in candidacy status.	\$195
<input type="checkbox"/> Full Member: Individual 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"/> Associate Member: Emeritus Emeritus Members consist of emeritus faculty or administrators from CSWE accredited programs and those programs in candidacy status.	\$75
Associate Member: Student (Two Levels) <input type="checkbox"/> Undergraduate/Graduate at \$55 or <input type="checkbox"/> Doctoral at \$95 Student Members consist of full-time and part-time students. A student member cannot hold a full-time professional position. Student enrollment verification will be required for each student membership application and renewal. Documentation of 1) student enrollment status with projected graduation date and 2) confirmation the student does not hold a full-time professional position is to be sent to the StudentMember@csw.org mailbox. Confirmation of student membership will be sent after review of the required documentation.	\$55 or \$95
<input type="checkbox"/> Associate Member: Associate Organization 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 or \$95 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 _____ SECURITY CODE _____

SIGNATURE _____

NAME ON CARD _____

AUTHORIZED DATE _____

BILLING ADDRESS _____

Member Dues Subtotal	_____
CSWE Fund Contributions* (optional)	
- CSWE Gero-Ed Center*	_____
- CSWE Katherine A. Kendall Institute Endowment*	_____
- Carl A. Scott Memorial Fund*	_____
- Social Work Education Tribute Fund*	_____
- CSWE Center for Diversity and Social & Economic Justice Fund*	_____
- Hokenstad Fund*	_____
TOTAL	_____
*\$25 suggested minimum contribution	

Send application and payment to:

Council on Social Work Education, 1701 Duke Street, Suite 200, Alexandria, VA 22314-3457 USA
 Telephone: +1.703.519.2067 Fax: +1.703.683.8493