



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  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: 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"/> <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 and those programs in candidacy status.	\$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
<b>Associate Member: Student (Two Levels)</b> <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 <a href="mailto:StudentMember@csw.org">StudentMember@csw.org</a> mailbox. Confirmation of student membership will be sent after review of the required documentation.	\$55 or \$95
<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 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 \_\_\_\_\_

<b>Member Dues Subtotal</b>	_____
<b>CSWE Fund Contributions* (optional)</b>	
- 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*	_____
<b>TOTAL</b>	_____
*\$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