

Membership Status (check one): Renewing Member (ID Number: _____) New Member

Membership Information:

Full Name (First, MI, Last): _____
Position/Title: _____
Employer/Institution/Organization: _____
Division/Department: _____
Address: _____
City: _____ **State/Province:** _____ **Zip/Postal Code:** _____
Country: _____
Phone: _____ **Fax:** _____
Email Address: _____

Highest Degree

- | | | |
|-------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> PhD | <input type="checkbox"/> JD | <input type="checkbox"/> MPP |
| <input type="checkbox"/> DSW | <input type="checkbox"/> MA | <input type="checkbox"/> MPA |
| <input type="checkbox"/> MD | <input type="checkbox"/> MS | <input type="checkbox"/> BA/BS |
| <input type="checkbox"/> ScD | <input type="checkbox"/> MSW | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DrPH | <input type="checkbox"/> MPH | |
| <input type="checkbox"/> EdD | <input type="checkbox"/> MEd | |

Granting Institution

Degree Date: _____

Career Level:

- | | |
|---|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Mid-Career |
| <input type="checkbox"/> Post-Doctoral Fellow | <input type="checkbox"/> Senior Career |
| <input type="checkbox"/> First Yr. Professional | <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Career | |

**This optional information assists SSWR in obtaining grants and awards.*

***Gender:** Male Female Another Gender Identity (please specify: _____)

***Ethnicity #1 Please indicate your ethnicity(ies) (select all that apply):**

- | | |
|---|--|
| <input type="checkbox"/> Black, African American,
African Caribbean (non-Hispanic) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Latino, Hispanic, Spanish | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White/Caucasian, European (non-Hispanic) | <input type="checkbox"/> Mixed/Biracial/Multiracial |
| <input type="checkbox"/> American Indian, Alaska Native,
Native Hawaiian, Indigenous | <input type="checkbox"/> Prefer not to specify |
| | <input type="checkbox"/> Other (please specify): _____ |

***Ethnicity #2: If you wish, please specify how you prefer to be self-identified: (i.e., please specify how your preferred thnicity/ies)** _____

Disability (optional): Yes No

Preferences:

May we post your contact information in the SSWR website membership directory? Yes No

May we distribute your contact information to be used by non-SSWR parties? Yes No

Membership Categories and Annual Dues (check one): SSWR membership year is from January 1st through December 31st.

\$150 Full Member (Open to individuals with a bachelor's, master's, or doctoral degree in social work or social welfare; or social work/social welfare faculty teaching in such degree programs)

\$50 Student Member (Full-time students in bachelor's, master's, or doctoral programs in social work or social welfare)

Please indicate below your degree program and your expected year of completion.

Degree program (check one): Bachelor's Master's Doctoral Postdoc Fellow Expected Date of Completion: _____ (mm/yyyy)

\$150 Associate Member (Open to individuals that are not otherwise eligible for Full or Student membership)

\$50 Emeritus Member (Open to individuals who have been continuous members of the Society for at least five years and are retired from their primary place of employment, and who make a written request to the Society for Emeritus status)

Journal of the Society for Social Work and Research (JSSWR)

As part of your SSWR membership for the 2018 membership year, you will receive a free electronic subscription to the Journal of the Society for Social Work and Research (JSSWR) available on the website, www.sswr.org. If you would also like to receive a print edition of the journal, an additional \$20 USD will be added to your membership dues. Please indicate your preference below:

Yes, I want a print version and acknowledge an additional \$20 USD will be added to my membership dues.

Contributions (optional):

Check below if you wish to make a donation to support SSWR's mission to advocate for social work research and funding for social work research.

Contribution Amount (check one): \$25 \$50 \$100 \$250 \$500 \$1000 Other _____

Payment Method:

Amount Enclosed: \$ _____

Check (Please make your check payable to SSWR and return this invoice in the enclosed envelope to the address above.)

Credit Card: VISA MasterCard

Account Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Type of Organization Affiliation (check all that apply)

- College or University
- For-profit organization
- Government agency or organization
- Private Practice/Consultant
- Non-profit research center not affiliated with a university
- Other (please specify) _____

Current Research Topics of Interests (check all that apply)

- Adolescent Delinquency
- Adolescent Health and Mental Health
- Adolescent Substance Abuse
- Adolescent Violence
- African Americans
- Aging
- Alcohol Abuse
- Caregiving
- Child Welfare
- Criminal Justice System
- Cultural Competence
- Depression
- Disability
- Domestic Violence
- Drug Use/Abuse
- Early Childhood/Infancy
- End-of-Life/Palliative Care
- Ethical Issues
- Ethnic Minority Groups
- Evidence-Based Practice
- Foster Care
- Gay, Lesbian, Bisexual, Transgender (GLBT)
- Gender Issues
- HIV/AIDS

Current Research Methods/Types (check all that apply)

- Qualitative Methods – Grounded Theory
- Qualitative Methods – Ethnography
- Qualitative Methods – Case Study
- Qualitative Methods – Narrative
- Qualitative Methods – Phenomenological
- Mixed Methods (qualitative-quantitative)
- Systematic Review (e.g., meta-analysis)
- Pilot Study
- Program Evaluation
- Longitudinal Design
- Experimental/RCT
- Quasi-Experimental
- Descriptive/Correlational
- Time Series (includes single-system design)
- Survey
- Psychometric/Instrumentation Study
- Ecological Analysis (e.g., GIS/mapping)
- Advanced Statistical Analysis (HLM, SEM, etc.)
- Other (please specify) _____

Occupational Type (check all that apply)

- Academic Faculty
- Researcher
- Practitioner
- Policy Maker
- Administrator

- Health and Illness (Cancer, Diabetes, et al.)
- Homelessness and Housing
- Immigrants
- International Social Work
- Intervention Research
- Low-wage Jobs and Vulnerable Workers
- Management and Administration
- Mental Health Treatment and Services
- Organizational Theory and Practice
- Parenting and Families
- Poverty
- Serious Mental Illness
- Social Policy
- Social Work Education
- Social Work Practice
- Social Work Research and Scholarship
- Spirituality
- Theory
- Violence in Communities
- Welfare Reform
- Women's Issues
- Work and Family Issues and Policies
- Other (please specify) _____

Current Sources of Funding for Research in Which You Are Principal or Co-Principal Investigator

- Federal Agency
- State Agency
- Local Government Agency
- Foundation
- Other Private Source
- Own Agency
- Other (please specify) _____

Are you a member in other Social Work-related organizations?

- NASW (National Association of Social Workers)
- CSWE (Council on Social Work Education)
- NADD (National Association of Deans and Directors)
- BPD (Baccalaureate Program Directors)
- GADE (Group for the Advancement of Doctoral Education)
- Other (please specify) _____
- _____
- _____