

Fields with an asterisk (*) are required.

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

Membership Information:

*Full Name (First, MI, Last): _____ *Suffix: _____

*Position/Title: _____

*Employer/Institution/Organization: _____

*Division/Department: _____

*Address: _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Country: _____

*Phone: _____ *Fax: _____

*Email Address: _____

***Highest Degree:**

PhD JD MPP
 DSW MA MPA
 MD MS BA/BS
 ScD MSW Other: _____
 DrPH MPH
 EdD MEd

***Granting Institution:** _____

***Degree Date:** _____

***Career Level:**

Student Mid-Career
 Post-Doctoral Fellow Senior Career
 First Yr. Professional Other
 Early Career

Preferences:

By submitting this form you are giving SSWR permission to contact this person about membership status. Email addresses will not be sold to or shared with other organizations, nor will they be included in any publications by SSWR.

*May we post your contact information in the SSWR website membership directory? Phone, fax and email address will not be posted. Yes No

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

*Would you like to receive emailed announcements of future SSWR conferences and activities? Yes No

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

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

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

***Disability (optional):** Yes No Prefer not to specify

***What is your gender identity? (Please check all that apply)**

Agender Man Non-Binary/Non-Conforming
 Cisgender (i.e., Not Transgender) Transgender Woman
 Gender Expansive Trans Man/Trans Masculine My gender identity is not represented in this list. My gender identity is: _____
 GenderFluid Trans Woman/Trans Feminine Prefer not to say
 GenderQueer Two-Spirit

***What is your sexual orientation/sexual identity? (Please check all that apply)**

Asexual Lesbian My sexual orientation/sexual identity is not represented in this list. My sexual orientation /sexual identity is: _____
 Bisexual Pansexual Prefer not to say
 Demisexual Queer
 Gay Questioning/Not Sure
 Heterosexual/Straight Two-Spirit

Is there anything else you'd like us to know regarding your sexual orientation/sexual identity, gender identity, and/or gender expression which the previous questions did not allow for?

Membership Categories and Annual Dues:

(check one): SSWR membership year is from January 1st through December 31st.

\$175 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)

\$175 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 2019 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 _____

Total Amount Enclosed: \$ _____

Payment Method:

Check (Please make your check payable to SSWR and return this invoice 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) _____
- Not applicable

***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) _____
- Not applicable

***Occupational Type** (check all that apply)

- Academic Faculty
- Researcher
- Practitioner
- Policy Maker
- Administrator
- Not applicable

- 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) _____
- Not applicable

***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) _____
- Not applicable

***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) _____
- Not applicable