

Fields with an asterisk (\*) are required.

**Membership Status** (check one):  Renewing Member (ID Number: \_\_\_\_\_)  New Member

## Membership Information:

\*Full Name (First, MI, Last): \_\_\_\_\_ \*Suffix: \_\_\_\_\_

\*Pronouns:  He/him/his  She/her/hers  They/them/their  Other: \_\_\_\_\_

\*Position/Title: \_\_\_\_\_

\*Employer/Institution/Organization: \_\_\_\_\_

\*Division/Department: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Zip/Postal Code: \_\_\_\_\_

\*Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

**\*Highest Degree:**  
**Institution:**

PhD  JD  MPP

DSW  MA  MPA

MD  MS  BA/BS

ScD  MSW  Other: \_\_\_\_\_

DrPH  MPH

EdD  MEd

**\*Career Level:**

Student

Post-Doctoral Fellow

First Yr. Professional

Early Career

**\*Granting**

**\*Degree Date:**

Mid-Career

Senior Career

Other

## 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):**

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

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

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

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

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?

## \*SSWR Anti-Harassment Policy and Code of Ethics and Procedures for Review of Member Conduct

SSWR's anti-harassment policy and code of ethics and procedures for review of member conduct is available at <https://secure.sswr.org/about-sswr/anti-harassment-policy/>.

\_\_\_\_\_ I acknowledge that I have received, read, and understand the **anti-harassment policy and code of ethics** of the Society for Social Work and Research (SSWR).

## Membership Categories and Annual Dues:

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

**\$225 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)

**\$225 Associate Member** (Open to individuals that are not otherwise eligible for Full or Student membership)

**\$50 Associate Student Member** (Open to students in a bachelors, masters, or doctoral degree program other than social work or social welfare programs)

**\$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 2023 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](http://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:

**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