



THE ASSOCIATION FOR
WOMEN IN PSYCHOLOGY

AWP 2017 Membership Form

Name:		Preferred Gender Pronouns:	
Address:			
Address 2:			
City:	State/Province:	Zipcode:	Country:
Email:		Phone:	

Professional Affiliation (Check all that apply):

- Activist Administrator Consultant Faculty Government/Policy Worker
 Mental Health Clinician: (Type) _____ Non-Profit Staff Researcher
 Student Other: _____
Organization/Company: _____

Membership Category

- New
 Renew

Membership Type

- Member - \$140
 Early Career Member (0-7 years after graduation) - \$100
 Retired/Limited Means Member - \$55
 Student Member - \$40

Caucus Affiliation (Please Check All That Apply):

- Bisexuality and Sexual Diversity Early Career Jewish Women Mothering Older Women
 Researcher Size Acceptance Social Class Student Women of Color

Background Information:

Age: Under 25 25-34 35-44 45-54 55-64 65-74 75 and older

Gender Identity: Woman Transgender Man Genderqueer _____

Sexual Orientation:

Lesbian Bisexual Queer Straight Gay Asexual _____

Race/Ethnicity (Select All That Apply):

- African/African-American Latina/o/x White Asian/Asian-American
 Middle Eastern Native American _____

Specific ethnicities and cultural identities (e.g. Puerto Rican, Chinese): _____



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How did you first hear about AWP?

- Colleague/Mentor Conference/Organization: _____ Friend/Partner
 Social Media: _____ Website/Web Search Workplace/Academic Program
 Other: _____

If you are renewing membership, what keeps you coming back to AWP?

Make Checks Payable To: Association For Women in Psychology or AWP

Send Checks To: AWP, 44 East Main Street, Flemington, NJ 08822

Donate to AWP:

Would you like to set up a one-time or recurring donation to the Association For Women in Psychology to help ensure its continuation for years to come?

- Yes! - One Time Donation of \$** _____
 Yes! - Recurring Monthly Donation of \$ _____

Credit Card Information:

Name on Card: _____

Billing Address: _____

City/State/Zipcode: _____

Card Type: Visa Mastercard American Express

Card #: _____ **Exp:** _____

Security Code: _____ **Total amount charged: \$** _____