



THE ASSOCIATION FOR
WOMEN IN PSYCHOLOGY

AWP Membership Form (check payment only)

Date (mm/dd/yyyy): _____

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 this form and check to: **Mindy Erchull - AWP Treasurer** at University of Mary
Washington, Department of Psychological Science, 1301 College Avenue, Fredericksburg,
VA 22401-5300

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 \$ _____

Check payment information*:

Name on check: _____
Check number: _____
Check amount: _____

***If you prefer to pay by credit card, please use the online system:**

<https://www.memberleap.com/members/newmem/registration.php?orgcode=AFWP>