



**AWP Membership Form (check payment only)**

Date (mm/dd/yyyy):			
Name:			
Address:			
Address 2:			
City	State/ Province	Zip Code	Country
Email:	Phone:		
<b>Professional Affiliation (Check All that apply)</b>			
<input type="checkbox"/> Activist <input type="checkbox"/> Administrator <input type="checkbox"/> Consultant <input type="checkbox"/> Faculty <input type="checkbox"/> Government <input type="checkbox"/> Researcher <input type="checkbox"/> Non-Profit Staff			
<input type="checkbox"/> Student <input type="checkbox"/> Mental Health Clinician (Type) _____			
<input type="checkbox"/> Other _____ Organization/ Company _____			
<b>Background Information</b>			
Age: <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35 -44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55- 65 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+			
Sexuality _____ Gender: _____			
Race: _____ Ethnicity _____			

Membership Category	Membership Type
<input type="checkbox"/> New <input type="checkbox"/> Renew	<input type="checkbox"/> Member \$140 <input type="checkbox"/> Early Career (0-7 years post-graduation) \$100 <input type="checkbox"/> Retired/ Limited Means \$55 <input type="checkbox"/> Student \$40



THE ASSOCIATION FOR  
WOMEN IN PSYCHOLOGY

**Caucus Affiliation (check all that apply)**

- Activism    Campus Sexual Assault    History & Archives    Jewish Women    Mothering    Sizeism  
 Non-Binary Sexual & Gender Diversity    Women of Color    Older Women    Researcher    Teacher

**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  
c/o Kathy McCloskey – AWP Treasurer  
20 Hopmeadow St, Unit 401, Weatogue, CT 06089

**Donate to AWP**

Would you like to set up a one-time or recurring donation to the AWP 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>