

Social Welfare Action Alliance
formerly the Bertha Capen Reynolds Society
MEMBERSHIP FORM
(for New and Renewing members)

Check all that apply:

- New
- Renewal
- Dues Enclosed
- Information Update ONLY
- Check *HERE* if you *DO NOT* wish to be listed in the Directory

Name: _____

Address (Line 1): _____ Check if New Address: _____

Address (Line 2): _____

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

Home Phone: () _____ Work Phone: () _____

Fax Number: () _____ E-Mail Address: _____

School/Department of Social Work/Social Science: _____

School Affiliation: _____ Faculty _____ Student _____ Admin./Staff _____ Field Instructor _____ Alumni _____

Check One: _____ **\$10** - Student **\$10** _____ Low-Income, Unemployed _____ **\$35** - Regular

Check for Journal of Progressive Human Services Subscription: _____ **\$25** (additional to the annual dues)

Check the following:

TWO Fields of Practice

- Adolescent Services
- Aging/Gerontology
- AIDS/HIV
- Child Care Services
- Child Welfare
- Community Violence
- Criminal Justice
- Cultural Diversity
- Developmental Disability
- Disability Rights
- Domestic Violence
- Family Services
- Health/Rehabilitation
- International Social Work
- GLBT
- Mental Health
- Occupational Social Work
- Public Welfare
- Rape/Sexual Assault
- School Social Work
- Substance Abuse
- Urban Poverty

TWO Areas of Activism

- AIDS
- Anti-Apartheid
- Anti-Racism
- Central Am. Solidarity
- Consumer
- Electoral
- Environmental
- Feminism
- Housing/Homelessness
- Immigration
- International Human Rights
- GLBT Issues
- National Health Care
- Neighborhood
- Peace and Conversion
- Reproductive Rights
- Rights of Persons with Disabilities
- Senior Citizen/Elderly
- Trade Unionism
- Welfare Rights
- Other: _____

ONE Primary Method

- Administration
- Case Management
- Clinical
- Community Organization
- Generalist
- Group Work
- Policy Analysis/Advocacy
- Supervision
- Teaching/Research
- Research
- Other: _____

Other: _____

Additional Information (not for Directory)

Please complete any applicable information below:

Union local and international: _____

Other organizational affiliations (check all that apply):

- _____ CSWE _____ NASW _____ NABSW
- _____ Orthopsychiatric Association _____ Association for Advancement of Social Work with Groups
- _____ Social Welfare History Group _____ ACOSA (Assoc. for Comm. Organization and Social Admin.)

COUNT ME IN! Check One or More of the Following

- _____ I am interested in receiving an **organizing packet** with materials and suggestions for creating a SWAA chapter in my area/school.
- _____ I want to be a member of the SWAA **faculty network**.
- _____ I want to be a member of the SWAA Peace and Justice Committee.
- _____ Please send me **extra brochures** to distribute to social and human service workers.
- _____ I am interested in being a member of the **membership committee** and working to build a stronger, more diverse and effective membership of SWAA. Please let me know how I can participate.
- _____ I would like to help with **conference planning activities**.
- _____ I am interested in working on the **newsletter**. Please let me know how I can help.

Member Feedback/Comments/Suggestions/Concerns:

Please return this form, along with a check or money order made out to the Social Welfare Action alliance (please spell it out and use the full 9- digit zip code) to: Social Welfare Action Alliance, Columbus Circle Station, P.O. Box 20563, New York, NY 10023-9991