

PSA 2018 Membership and Annual Meeting/Conference Registration

Print this form, fill out and mail to:

Pacific Sociological Association, PO Box 4161, Arcata, CA 95521

Last Name: _____ First Name: _____

Email: _____ Phone: _____

Mailing Address: Street: _____

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

Country, if outside U.S.: _____

Please mark the box(es) which best describe your status:

- Community college student Undergraduate student (4 year college/university)
 Master's student Ph.D. student
 Part-time faculty, community college Part-time faculty, university or four-year college
 Full-time faculty, community college Full-time faculty, university or four-year college
all current faculty: Are you tenured/tenure track? Yes No
 Emeritus/retired faculty
 Applied, practicing, or public sociologist
 Other (please write in any pertinent information) _____

Affiliation: Write in your current employer, school, or other institutional affiliation.

Members only: Please mark this box if you are interested in serving on an appointed or elected committee of the PSA, and write in the committee(s):

Please check this box if you are considering retirement in the next 5 years.

What are your interest areas within sociology? Please select your top three.

- | | |
|---|--|
| <input type="checkbox"/> applied, clinical, practicing, public sociology | <input type="checkbox"/> medical sociology |
| <input type="checkbox"/> communities or regions | <input type="checkbox"/> methods—qualitative |
| <input type="checkbox"/> comparative, historical sociology (including development, globalization) | <input type="checkbox"/> methods—quantitative |
| <input type="checkbox"/> crime, deviance, social control | <input type="checkbox"/> political and economic sociology |
| <input type="checkbox"/> culture | <input type="checkbox"/> race and ethnicity |
| <input type="checkbox"/> demography and population | <input type="checkbox"/> social movements, social change |
| <input type="checkbox"/> education | <input type="checkbox"/> social psychology and interaction |
| <input type="checkbox"/> environmental sociology | <input type="checkbox"/> teaching and learning sociology |
| <input type="checkbox"/> family, intimate relationships, life course | <input type="checkbox"/> theory, knowledge |
| <input type="checkbox"/> gender and sexuality | <input type="checkbox"/> work, labor organizations |
| <input type="checkbox"/> inequalities, stratification | <input type="checkbox"/> other: please specify below |
| <input type="checkbox"/> media | _____ |

Demographic Information: This section is optional; however, we do appreciate your providing this information so that we can better understand and serve our members and meeting attendees.

I do not wish to provide this information (skip to the next section).

Year of birth: _____ Gender (please write in): _____

Race/ethnicity (please mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> African American, Black, African | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian American, Asian | <input type="checkbox"/> Arab American, Arab, Middle Eastern |
| <input type="checkbox"/> Latino/a, Hispanic | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Native American, American Indian, Alaskan Native | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Native Hawaiian, Other Pacific Islander | |

Would you like to receive information on disability services at the Annual Meeting? Yes No

Select items you wish to purchase:

2018 Membership (from January 1, 2018 to December 31, 2018)

- \$25 Student
- \$40 Faculty, Applied Sociologists, Others, with income <\$30,000 annually
- \$50 Faculty, Applied Sociologists, Others, with income \$30,000 to \$70,000 annually
- \$60 Faculty, Applied Sociologists, Others, with income >\$70,000 annually

Pre-Registration for 2018 Annual Meeting/Conference, Long Beach, California, March 28-31

- \$30 Student
- \$60 Faculty, Applied Sociologists, Others

Endowment Fund Donation (please write in amount): _____

Total Payment (please write in amount): _____

Payment:

- I have enclosed a personal check.
- Please charge my credit card. Visa Mastercard American Express

Number: _____

Expiration Month/Year: _____

Name and billing address for card, if different from the information you provided for yourself:

Thank you! We will manually enter your information into our online member system, so that you will be able to access member-only services like online access to the PSA journal, *Sociological Perspectives*. Your temporary password to access your PSA account is: PSA2018. You can change your password when you login.

Please allow at least two weeks after mailing for your membership/registration to be processed.