

Dues Statement for 2018

Society for Personality and Social Psychology, Inc.



If paying by **institutional or personal credit card**, we recommend the fast, efficient, and secure method available online at www.spssp.org

Do not return this form if you plan to or have renewed your dues online

Step 1: Please indicate your membership status and number of years for renewal

- | | | | |
|--------------------------|--------------------|---------------------|---------------------|
| A. Full Member | ___ 1 year (\$100) | ___ 2 years (\$200) | ___ 3 years (\$300) |
| B. Retired Member | ___ 1 year (\$25) | ___ 2 years (\$50) | ___ 3 years (\$75) |
| C. Associate Member | ___ 1 year (\$50) | ___ 2 years (\$100) | ___ 3 years (\$150) |
| D. Early Career Member | ___ 1 year (\$50) | | |
| E. Graduate Student | ___ 1 year (\$25) | | |
| F. Undergraduate Student | ___ 1 year (\$25) | | |

Step 2: Indicate total payment of dues and voluntary contributions

<i>Membership Dues</i>	\$
Voluntary Contributions	
<i>Graduate Travel Award Donation</i>	\$
<i>Diversity Fund Donation</i>	\$
<i>Student Training (i.e. SISPP, SPUR, etc.) Donation</i>	\$
<i>Foundation for Personality & Social Psychology Donation</i>	\$
<i>Heritage Initiative Donation</i>	\$
<i>General Operations Donation</i>	\$
Total:	\$

Step 3: Membership Information

Check if address change

Name _____

Address _____

Organization _____

Telephone and email: _____

Step 4: Please Indicate your Journal Preference

Members receive at no additional cost online subscriptions to *Personality and Social Psychology Bulletin (PSPB)*, and *Personality and Social Psychology Review (PSPR)*, as well as *Social and Personality Psychology Science*. You may opt to receive printed copies of PSPB and PSPR by checking below.

I want both online and print copies (mailed to address listed above).

Step 5: Return this form and payment to one of the addresses listed below.

A. If paying by check, make it payable to "SPSP, Inc."

B. Credit card charge: VISA MasterCard American Express

Card Number : _____

Registered phone number & billing address for card

Expiration Date: ___ CV #: _____

Name exactly as it appears on the card: _____

Check Payments:

SPSP, Inc.
P.O. Box 1006
Lowell, AR 72745

Credit Card payments:

SPSP, Inc.
1120 Connecticut Avenue, Suite 280
Washington, DC 20036

Step 6: Demographic Survey (optional but appreciated)

In the interest of meeting the needs of SPSP members and the larger objectives of the Society, we ask all members to complete a short demographic survey. Although completing the survey (at the recommendation of the Diversity and Climate Committee) is optional, your responses provide the only information source of “who we are” as a Society.

Thank you for providing an accurate profile of SPSP membership and our diversity!

Indicate Your Affiliation:

- Student College/University (with a Graduate Program) College/University (without Graduate Program)
 Private/Corporate Government Non-Profit Other

What is your primary departmental affiliation?

- Psychology Business Law Education/Human Development Medicine Other Not Applicable

In what year did you receive or will you receive your doctorate? _____

What is your gender? Female Male Transgender I'd rather not say Other

What is your sexual orientation? Bisexual Gay/Lesbian Heterosexual I'd rather not say Other

Do you have a disability? No Yes I'd rather not say

What is your ethnicity?
(check one)

- American Indian or Alaska Native
 Another identity (please specify)
 Asian or Asian American
 Black or African American
 Latino or Hispanic or Chicano or Puerto Rican
 Middle Eastern or North African
 Multiracial
 Native Hawaiian or Pacific Islander
 White or European American
 I'd rather not say
 Other: _____