PSA 2020 Membership and Annual Meeting/Conference Registration

NOTE: if you already have a PSA account, simply fill in your name, updated mailing address if needed, and then purchase information.
Print this form, fill out and mail to: Pacific Sociological Association, PO Box 4161, Arcata, CA 95521

Last Name: ___________________________ First Name: ___________________________

Email: ________________________________

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: current employer, school, or other institutional affiliation ____________________________

What are your interest areas within sociology? Please select and number your top three.
___ applied, clinical, practicing, public sociology ___ media
___ communities or regions ___ medical sociology
___ comparative, historical sociology ___ methods—qualitative
___ crime, deviance, social control ___ methods—quantitative
___ culture ___ political and economic sociology
___ demography and population ___ race and ethnicity
___ education ___ religion
___ environmental sociology ___ social movements, social change
___ family, intimate relationships, life course ___ social psychology and interaction
___ gender and sexuality ___ teaching and learning sociology
___ globalization and development ___ theory, knowledge
___ immigration and migration ___ work, labor organizations
___ inequalities, stratification ___ other: please specify ____________________________

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):
□ African American, Black □ White
□ Asian American, Asian □ Middle Eastern or North African
□ Latino/a, Hispanic □ Multi-racial
□ Native American, American Indian, Alaskan Native □ Other (please specify): ______________
□ Native Hawaiian, Other Pacific Islander
Select items you wish to purchase:

2020 Membership (from January 1, 2020 to December 31, 2020)
☐ $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

If you are purchasing membership:
Provide your mailing address if you would like to receive a printed, mailed copy of PSA’s official journal, *Sociological Perspectives*. Members can also access the journal electronically.
Street: ________________________________ City: ________________________________
State/Province: ______________________ Zip Code: ____________________________ Country: ________________________________

☐ 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.

☐ Please check this box if you need to receive a paper, printed, mailed ballot rather than the default electronic ballot.

Pre-registration for 2020 Annual Meeting/Conference, Eugene, Oregon, March 26-29, 2020 (must mail by March 1)
Attendees at the PSA conference agree to abide by the American Sociological Association Code of Ethics. PSA will revoke access to the conference to any persons who engage in harassing behaviors.
☐ $30 Student
☐ $60 Faculty, Applied Sociologists, Others
   ☐ Please check this box if you are interested in receiving information on accessibility supports at the conference.
   ☐ Please check this box if you are interested in receiving information on childcare supports at the conference.

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.
Number: ________________________________
Expiration Month/Year: _____________ Name on card: ________________________________
Billing zip code: ____________________

Thank you! We will manually enter your information into our online account system. Your temporary password to access your PSA account is: PSA2020. You can change your password when you login in the future. You will receive an emailed receipt when your payment is processed.