PSA 2021 Annual Registration and Conference Fee

NOTE: if you already have a PSA online account (since 2015) simply fill in your name, any information to be updated, and then purchase information.

Print this form, fill out and mail to: Pacific Sociological Association, PO Box 4161, Arcata, CA 95521 First Name: Last Name: Please mark the box which best describes 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 For 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 __political and economic sociology __ culture __ 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_____ <u>Demographic Information</u>: This section is *optional*; however, we do appreciate your providing this information so that we can better understand and serve our participants. □ I do not wish to provide this information (skip to the next section). Gender (please write in): Year of birth: _____ Race/ethnicity (please mark all that apply): ☐ African American, Black □ White ☐ Asian American, Asian ☐ Middle Eastern or North African □ Latino/a/x, Hispanic □ Multi-racial □ Other (please specify): _____ ☐ Native American, American Indian, Alaskan Native

☐ Native Hawaiian, Other Pacific Islander

Select items you wish to purchase:

	annual conference. Select the fee level that best applies to you:
□ \$80 □ \$100 □ \$130	Student (Any level) Faculty, Applied Sociologists, Others, with income <\$40,000 annually Faculty, Applied Sociologists, Others, with income \$40,000 to \$80,000 annually Faculty, Applied Sociologists, Others, with income >\$80,000 annually Persons seriously economically impacted by COVID-19
- 720	Provide your mailing address <i>only</i> if you would like to receive a printed, mailed copy of PSA's official journal, <i>Sociological Perspectives</i> . You can also access the journal electronically. Street: City:
	State/Province:Zip Code:Country:
Please	mark below anything that applies to you.
	□ I am interested in serving on the following appointed or elected committees of the PSA:
	□ I am considering retirement in the next 5 years.
	□ I must receive a paper, printed, mailed ballot rather than the default electronic ballot.
	□ I am interested in receiving information on accessibility supports (for the conference) of the following kinds:
	□ I am interested in receiving information on childcare supports (for the conference).
interact Commu	ticipants agree to abide by the American Sociological Association Code of Ethics, and agree to behave and with other PSA participants in a collegial manner. PSA will revoke access to the conference and online PSA nity to any persons who engage in harassing and other behaviors that are harmful to other participants. II: PSA Endowment Fund Donation (please write in amount):
	<u>Total Payment</u> (please write in amount):
□ I ha	ve enclosed a personal check. se charge my credit card. Name on card:
Expira	tion Month/Year: Billing zip code:
	ver stores credit card information, for your security. This form will be shredded immediately after processing.

For 2021, PSA has only one fee, which will allow for participation in both the year-round online PSA Community

Thank you! We will manually enter your information into our online account system. Your temporary password to access your PSA account is: PSA2021. You can change your password when you login in the future. You will receive an emailed receipt when your payment is processed. Please allow at least 14 days for mailing and processing; mailed payments must be received at least 14 days prior to the annual conference. *Fees are nonrefundable*.