BPD
The Association of Baccalaureate Social Work Program Directors

Membership Application

Please visit our new website: https://www.bswpdonline.org/

EMAIL/MAIL COMPLETED APPLICATION AND PAYMENT TO:

BPD
333 JOHN CARLYLE STREET
SUITE 400
ALEXANDRIA, VA 22314
FAX: 703-683-8099

2025 Membership Application

Dedicated to the promotion of excellence in baccalaureate social work education

Federal ID: 55-0563314

APPLICANT INFORMATION

Full Name/Credentials: _____
Title: _____
❑Home ❑Work: _____
Address _____
City, State, Zip _____

Organization/University: _____
Phone: _____
Fax: _____
Email: _____
❑ New Membership ❑ Renewal Membership

MEMBERSHIP CATEGORY

❑Admissions Coordinator
❑Current Program Director
❑Dean
❑Field Coordinator
❑Full time SW Educator
❑Part time SW Educator
❑Retired
❑Practitioner
❑Other_____

DEMOGRAPHICS

Year of Birth: _____
Person with Disability: ❑Yes ❑No
Gender Identity: ❑ Man ❑Woman ❑Intersex ❑Gender-Queer ❑ Two-Spirit
Sexual Orientation:
❑Heterosexual ❑Gay ❑Other ❑Bisexual ❑Lesbian

Racial/Ethnic Identification: _____
Religion: _____
Education (check all that apply):
❑BA ❑BSW ❑Other Bachelors: _____
❑MA ❑MSW ❑Other Masters: _____
❑PhD ❑DSW ❑Other Doctorate: _____

QTY	DESCRIPTION	TOTAL DUES
Example-1	Individual Membership	$200.00
	Paid:	

BPD Membership is valid through January 1- December 31 of current year

BPD Individual Membership is $200.00

Emeritus Membership is $105.00

BSW Student Membership is $25.00
MSW Student Membership is $50.00
Doctoral Student is $125.00 **(Must be full time student; not employed full-time as faculty member)**

FOR OFFICE USE PAYMENT INFORMATION

MEMBERSHIP DUES ARE PER INDIVIDUAL & MAY BE PAID BY ORGANIZATION • BOUNCED CHECKS SUBJECT TO $30 FEE • CHECKS PAYABLE TO BPD

Payment Type: ❑Check/ Money Order: #_____ ❑ Online Payments subject to processing fee
MAIL IN APPLICATION: Y/N **APPLICATION RECEIVED DATE:**
PAYMENT RECEIVED DATE:

EMAIL/MAIL COMPLETED APPLICATION AND PAYMENT TO:
BPD
333 JOHN CARLYLE STREET SUITE 400
ALEXANDRIA, VA 22314
EMAIL: BPDMembershipOfficial@outlook.com

PAYMENT SENT DATE:
ASSOCIATION MANAGER RECEIPT: _____
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