



# 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

*Dedicated to the promotion of excellence in baccalaureate social work education*

Federal ID: 55-0563314

### APPLICANT INFORMATION

Full Name/Credentials: _____	Organization/University: _____
Title: _____	Phone: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work: _____	Fax: _____
Address _____	Email: _____
City, State, Zip _____	<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal Membership

### MEMBERSHIP CATEGORY

<input type="checkbox"/> Admissions Coordinator	<input type="checkbox"/> Full time SW Educator
<input type="checkbox"/> Current Program Director	<input type="checkbox"/> Part time SW Educator
<input type="checkbox"/> Dean	<input type="checkbox"/> Retired
<input type="checkbox"/> Field Coordinator	<input type="checkbox"/> Practitioner
	<input type="checkbox"/> Other _____

### DEMOGRAPHICS

Year of Birth: _____	Racial/Ethnic Identification: _____
Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____
Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex	Education (check all that apply):
<input type="checkbox"/> Gender-Queer <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> BA <input type="checkbox"/> BSW <input type="checkbox"/> Other Bachelors: _____
Sexual Orientation:	<input type="checkbox"/> MA <input type="checkbox"/> MSW <input type="checkbox"/> Other Masters: _____
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Other	<input type="checkbox"/> PhD <input type="checkbox"/> DSW <input type="checkbox"/> Other Doctorate: _____
<input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian	

QTY	DESCRIPTION	TOTAL DUES
Example-1	Individual Membership	\$190.00
	Paid:	

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

BPD Individual Membership is \$190.00

Emeritus Membership is \$65.00

Institutional Membership (See PAGE 2 for Input of additional Member Information)

4-6 persons is \$900.00 Total

7-9 persons is \$1400.00 Total

10-12 persons is \$1850.00 Total

Student Membership is \$30.00

### 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 convenience fee on Eventbrite.  
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: \_\_\_\_\_



# BPD

The Association of Baccalaureate  
Social Work Program Directors

## Additional Institutional Member Data

Please copy and complete this Form for Each additional Member included in your Institutional Membership

### APPLICANT INFORMATION

Full Name/Credentials: _____	Organization/University: _____
Title: _____	Phone: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work: _____	Fax: _____
Address _____	Email: _____
City, State, Zip _____	<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal Membership

### MEMBERSHIP CATEGORY

<input type="checkbox"/> Admissions Coordinator	<input type="checkbox"/> Full time SW Educator
<input type="checkbox"/> Current Program Director	<input type="checkbox"/> Part time SW Educator
<input type="checkbox"/> Dean	<input type="checkbox"/> Retired
<input type="checkbox"/> Field Coordinator	<input type="checkbox"/> Practitioner
	<input type="checkbox"/> Other _____

### DEMOGRAPHICS

Year of Birth: _____	Racial/Ethnic Identification: _____
Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____
Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex	Education (check all that apply):
<input type="checkbox"/> Gender-Queer <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> BA <input type="checkbox"/> BSW <input type="checkbox"/> Other Bachelors: _____
Sexual Orientation:	<input type="checkbox"/> MA <input type="checkbox"/> MSW <input type="checkbox"/> Other Masters: _____
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Other	<input type="checkbox"/> PhD <input type="checkbox"/> DSW <input type="checkbox"/> Other Doctorate: _____
<input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian	

Full Name/Credentials: _____	Organization/University: _____
Title: _____	Phone: _____
<input type="checkbox"/> Home <input type="checkbox"/> Work: _____	Fax: _____
Address _____	Email: _____
City, State, Zip _____	<input type="checkbox"/> New Membership <input type="checkbox"/> Renewal Membership

### MEMBERSHIP CATEGORY

<input type="checkbox"/> Admissions Coordinator	<input type="checkbox"/> Full time SW Educator
<input type="checkbox"/> Current Program Director	<input type="checkbox"/> Part time SW Educator
<input type="checkbox"/> Dean	<input type="checkbox"/> Retired
<input type="checkbox"/> Field Coordinator	<input type="checkbox"/> Practitioner
	<input type="checkbox"/> Other _____

### DEMOGRAPHICS

Year of Birth: _____	Racial/Ethnic Identification: _____
Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Religion: _____
Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex	Education (check all that apply):
<input type="checkbox"/> Gender-Queer <input type="checkbox"/> Two-Spirit	<input type="checkbox"/> BA <input type="checkbox"/> BSW <input type="checkbox"/> Other Bachelors: _____
Sexual Orientation:	<input type="checkbox"/> MA <input type="checkbox"/> MSW <input type="checkbox"/> Other Masters: _____
<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Other	<input type="checkbox"/> PhD <input type="checkbox"/> DSW <input type="checkbox"/> Other Doctorate: _____
<input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian	