

P-SWIP MEMBERSHIP FORM
For Meeting and Mail-in Use

Please complete the following information.

First Name: _____ Last Name: _____

Position: _____

Affiliation: _____ Phone: _____

Address: _____

** E-mail: _____

Member Status

- \$30.00 Membership Full-time Professional
- \$20.00 Part-time Professional
- \$5.00 Membership Student and Underemployed
- Open Mailing List Only

Total Dues: _____

SWIP members are encouraged to consider a contribution to the Travel Fund, which supports student and underemployed participation in SWIP conferences, and to the International *Hypatia* Fund, which helps to support the distribution of *Hypatia* to international communities where funds are limited.

_____ Travel Stipend Fund
_____ International Fund
_____ General Funds Donation

Donation Total: _____

Grand Total: _____

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P-SWIP Membership Dues Receipt

Payment Form: _____ Payment Date: _____ Received by: _____

Dues Category: FT PT Student/Underemployed Donation Amount _____