

International Society of Political Psychology Membership Form

You will receive 6 issues of the journal published during each 12-month period of your membership. All memberships expire and are eligible for renewal 12, 24, and 36 months after initiation, as applicable.

Send form with payment to: Memberships, ISPP Central Office, P.O. Box 1213, Columbus, NC 28722 USA

Renewal New Membership

Data Processing Approval (Required): Due to the General Data Processing Regulation (GDPR) in the European Union, and similar laws in U.S. states and pending in Canada, each member of ISPP must give express permission for ISPP to process his/her data for the purposes of establishing membership and/or processing payment. You can read our Privacy Policy and how we use your data at <http://www.ispp.org/privacy>. Checking the box gives us your permission to process the information on this form.

Contact Information

▼Your name, institution, Website, and email address will be included in our online membership directory (available only to other ISPP members), unless you indicate otherwise. If you wish to be listed on the public list of members available for media inquiries, please indicate accordingly on this form.

Salutation (Dr., Prof., Ms., Mr.): _____

▼First Name: _____ ▼Last Name: _____

▼Organization: _____

▼Email: _____

Office Phone: _____

▼Website: _____

▼Position: _____

Doctoral Student Grad Student Practitioner Other _____

Field of Study: Psychology Political Science Sociology Psychiatry

Other (please specify): _____

Major Areas of Research and Interest (check those that best apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Biopolitics | <input type="checkbox"/> Leadership & Followership | <input type="checkbox"/> Political Cognition |
| <input type="checkbox"/> Conflict Analysis | <input type="checkbox"/> Life Course/Aging | <input type="checkbox"/> Political Personality Types |
| <input type="checkbox"/> Elite Decision-making | <input type="checkbox"/> Mass Media & Communications | <input type="checkbox"/> Political Socialization |
| <input type="checkbox"/> Ethnic/Racial/Cross-cultural Issues | <input type="checkbox"/> Mass Movements/Collective Behavior | <input type="checkbox"/> Political Violence/Terrorism |
| <input type="checkbox"/> Gender Politics | <input type="checkbox"/> Organization & Group Dynamics | <input type="checkbox"/> Psychobiography/Psychohistory |
| <input type="checkbox"/> Generational Politics | <input type="checkbox"/> Political Affect | <input type="checkbox"/> Voting Behavior/Public Opinion |

Gender: (check one) Male Female Transgender

Graduation

Date: _____

Languages: _____

Yes No Would you be willing to be referred to **reporters seeking experts**? **Note:** your name, affiliation, and e-mail address will be listed on a PUBLIC area of the ISPP web site.

If YES, what are your areas of expertise? _____

Yes No **ISPP Membership listserv:** Can we include you on our members' listserv?
(The listserv is used only by ISPP for occasional announcements about ISPP business, meetings, elections, to send the newsletter, etc.)

Yes No Do you want to be included in the PRIVATE **online membership directory**? **Note:** your contact information/profile will be listed via our Member Portal, accessible only to other ISPP members.

Yes No **Early Career Scholars*:** Would you like to be included on the **Early Career Scholars Committee listserv**?
(*An early career scholar is defined as "a grad student or untenured person within 8 years of degree"; this list is also used only by ISPP)

Yes No Would you like to opt out of receiving ISPP emails?
(*Be aware you will not receive notification of open submission or registration process for our Annual Meetings and other important ISPP updates.)

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Mailing Address (where ISPP will send journals and all ISPP mailings):

Address1: _____
 Address2: _____
 Address3: _____
 City, St Zip: _____
 Country: _____

*Online journal access is available to all members. Check here if you do **not** want printed copies of the journal, but **only** online access.

Membership Fees*

Membership Level	Price	Quantity	Multi-year Memberships		TOTAL
Lifetime Member	\$2,060.00		N/A		
Special Circumstances—1 yr. (<i>must contact Executive Director**</i>)	\$0.00		N/A		
Joint Membership—1 yr.: for 2 members in same household (1 journal and 1 newsletter sent. Each person should complete page 1 of this form ; indicate 1 person as recipient.)	\$134.00		N/A		
			2-year	3-year	
Member- Income \$0-\$30,000 USD	\$21.00		\$41.00	\$60.00	
Member- Income \$30,001-\$60,000	\$57.00		\$111.00	\$162.00	
Member- Income \$60,001-\$90,000	\$77.00		\$150.00	\$219.00	
Member- Income \$90,001-\$120,000	\$108.00		\$210.00	\$308.00	
Member- Income \$120,001-\$150,000	\$139.00		\$270.00	\$396.00	
Member- Income over \$150,000	\$170.00		\$330.00	\$485.00	
Student	\$15.00		N/A		
Retired	\$57.00		\$111.00	\$162.00	
Unemployed	\$21.00		N/A		

***Memberships expire one year after initiation/renewal, unless a multi-year membership is purchased.**

****Please contact the Executive Director at info@ispp.org if financial hardship/circumstances prevent you from joining.**

Contributions

ISPP is a non-profit corporation. Contributions above the regular dues rate are tax-deductible in the USA.

General Contribution to the work of ISPP \$ _____ **Scholars Under Threat Fund** \$ _____

Contribution to Roberta Sigel Fund \$ _____

The Roberta Sigel Fund supports the Roberta Sigel Paper Awards, given to early career scholar authors of the best papers presented at annual scientific meetings. The fund also supports other activities by/for ISPP early career scholars, such as travel scholarships to attend ISPP meetings and our Summer Academy, and the Best Dissertation Award in political psychology. For more information about this fund, see <http://www.ispp.org/donate>.

____ Please send me a printed acknowledgement of my contribution for tax purposes. (You will automatically receive an email receipt.)

NOTE: We may publish a list thanking donors. Let us know if you want to remain totally anonymous. Thank you.

____ Please keep the AMOUNT (only) of my donation private.

____ I want my donation to remain totally anonymous.

Payment

Send payments to: ISPP Central Office, P.O. Box 1213, Columbus, NC 28722 USA. **Please make checks/money orders payable to ISPP – US dollars ONLY.**

NOTE: Do NOT send credit card information. To pay with credit card, please see: <http://www.ispp.org/membership/join>

*ISPP reserves the right to withhold or revoke membership in ISPP at any time for reasons, in its sole discretion, it deems sufficient.