

MEMBERSHIP APPLICATION — Need to Activate Your Membership Today? Join Instantly Online at www.socialworkers.org

Applicant Information (Please print or type clearly.)

IMPORTANT: Where do you prefer to receive your mail? Home Work

Dr. Mr. Mrs. Ms. Other _____ Date of Birth (optional) _____

First Name _____ Middle Initial _____ Last Name _____ Credentials _____

Home Address:

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Fax: _____ E-mail Address: _____

Employment Address:

Organization: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Work Phone: _____ Fax: _____ E-mail Address: _____

Chapter Preference _____ *

*NASW and your state chapter share your dues. A chapter is assigned to you based on your preferred mailing zip code unless otherwise specified. NASW has 50 state chapters, plus New York City, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and International.

EDUCATION (Select your highest degree and provide the requested information). If you are applying for associate membership, see the requirements listed under Membership Categories and Dues.

BSW MSW DSW PhD _____ Other (Bachelor's degree or higher required for Associate Membership)

Graduation Date (Students: Include expected graduation date.) (mo/yr) _____ *Students Only. Date Entered Program (mo/yr) _____

College or University/Division _____ City & State _____

MEMBERSHIP CATEGORIES AND DUES

REGULAR FULL MEMBER applicants must hold a BSW or MSW from a Council on Social Work Education (CSWE)-accredited or recognized social work degree program, or a PhD/DSW in social work.

STUDENT MEMBER applicants must be matriculating in a CSWE-accredited social work degree program.

ASSOCIATE MEMBER applicants must hold a baccalaureate or higher degree from an accredited U.S. college or university, must currently be employed in a social work capacity, and must not otherwise be eligible for regular or student membership. Associate members may not vote in national elections until they have maintained five (5) years of continuous membership at which time they will be granted the right to vote.

BSW, MSW, and DSW student memberships are limited to four years per degree over the lifetime of membership, not necessarily to be continuous. BSW student members who maintain continuous membership automatically enter a two-year transitional period after graduation and receive a reduced dues rate of \$88 each year. MSW student members who maintain continuous membership enter a three-year transitional period with reduced dues of \$88 for the first and second years, and \$134 for the third. Membership must remain active and continuous to qualify and maintain eligibility for this rate.

Select one of the following Categories

Regular Membership

MSW DSW PhD

BSW Yearly Rate: \$178

Student Membership

BSW Student MSW Student \$ 45

Doctoral Student (in a Social Work/Welfare Program) \$134

Associate Membership \$142

NOTICE TO MEMBERS

Important information concerning dues deductibility for income tax purposes. Payments, contributions or gifts to the National Association of Social Workers, Inc. General Fund are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The National Association of Social Workers, Inc. estimates that the nondeductible portion of your dues allocable to lobbying for calendar year 2006 is 12.53% and 12.99% for 2005. Membership dues include annual subscription fees of \$40.00 for *Social Work*, \$16.00 for *NASW NEWS*, \$2.00 for *NASW* newsletters in the following states and divisions: CA, GA, NY, NY City, OK, OR, and TX; \$1.00 for *NASW* newsletter in TN.

FORMER MEMBERS. If you were a member in the past, please provide the following information or call Member Services at 800-742-4089.

Prior Name and Member ID Number: _____ ACSW Reinstatement (\$30.00)

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections are designed to link you to key resources that will help you stay at the forefront of your specialty through content expertise and information on current trends and policy issues that influence social work practice and service delivery. To join, select your preferred section below, visit www.socialworkers.org/sections or call 202-408-8600 ext. 476 for more information.

Select Section below. (Fee: \$35 for each section selected)

- Aging
- Child Welfare
- Health
- Private Practice
- Social and Economic Justice & Peace
- Alcohol, Tobacco, and Other Drugs (ATOD)
- Children, Adolescents & Young Adults
- Mental Health
- School Social Work

DEMOGRAPHICS**Ethnic/Racial Origin** (Check one only.)

- African American/Black (not Hispanic/Latino in origin)
- American Indian or Alaskan Native
- Asian American or Pacific Islander
- Chicano/Mexican American
- Puerto Rican
- Other Hispanic/Latino
- White/Caucasian (not Hispanic/Latino in origin)
- Other (Specify) _____

Major Practice Area (Check one only.)

- Addictions
- Adolescents
- Aging
- Child Welfare/Family
- Community Development
- Criminal Justice
- Developmental/Rehabilitative Disabilities
- Displaced Persons, Homeless, Refugees

- Health
- International
- Mental Health
- Occupational SW/EAP
- School Social Work
- Violence
- Other Non-Traditional (Specify) _____

APPLYING FOR INSURANCE

Insurance coverage must be obtained and purchased separately. Continuous membership with NASW is necessary when renewing insurance policies annually through the Trust's programs. To obtain an application for professional liability, term life, long-term disability, hospital daily cash benefit, or personal accident insurance, call the NASW Insurance Trust office at 800-355-3869 or visit us on the web (www.NASWInsuranceTrust.org). Be sure to retain copies of both your completed membership application and dues payment.

- Check here if you plan to apply separately for the NASW Insurance Trust malpractice insurance or group life & disability insurance policies.
- Please send me a professional liability insurance application so that I can be covered during my career or student field placement.
- Please send me a group insurance application for term life, long-term disability, hospital daily cash benefit, and personal accident insurance so that I can protect myself and my dependents.

FOREIGN DEGREE

NASW invites social workers who reside in the United States, but who hold a degree from a university outside the United States, to become eligible for membership through a degree equivalency process. Please call Member Services at 800-742-4089 for more information.

NASW CODE OF ETHICS SUMMARY

By joining NASW you agree to abide by the *NASW Code of Ethics* and the *NASW Procedures for Professional Review*.

The *Code* identifies core values on which social work's mission is based, summarizes ethical principles that reflect the profession's core values, establishes a set of specific ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. As a new member, you will receive a full copy of the *Code of Ethics*. The *Code* is available online in its entirety (www.socialworkers.org/pubs/code).

AFFIRMATION OF THE NASW CODE OF ETHICS

Your signature below attests that all information provided on this application is true and accurate. It also pledges you to uphold the *Code* and notifies you that you can be held accountable under the *NASW Procedures for Professional Review* for any violation of the *Code*.

I hereby affirm and agree that I will abide by the *Code of Ethics* of the National Association of Social Workers and agree to submit to professional review proceedings for any alleged violation of the same in accordance with NASW bylaws. I further understand that falsification of the contents of this application will be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

Signature _____ Date _____

Applicants must sign the Affirmation of the Code of Ethics to ensure prompt activation of your membership.

PAYMENT INFORMATION

	Amount
Membership Dues	\$ _____
Section Membership	\$ _____
ACSW Reinstatement (if a former member)	\$ _____
National Social Work Public Education Donation	\$ _____*
Total Dues:	\$ _____



* Donors of \$25 or more will receive a limited edition silver plated Professional Social Worker Pin. Donors of \$50 or more will receive a gold-plated Pin. When you donate \$1,000 or more will receive a 14 kt. gold limited edition Pin.

Student members must submit a copy of their current student identification with this application.

Check or money order payable to NASW in the "Total Dues" amount indicated above.

Credit Card: I hereby authorize NASW to charge my credit card in the amount of \$ _____

Check one: Visa* Mastercard* American Express

Credit Card Number: _____ Exp. Date _____

Name on Card: _____ Cardholder's Signature: _____ Today's date: _____

*Use of the NASW credit card helps support the social work profession. Call 800-523-7666 for more information.

Payment must accompany this form. Your application will be processed within two weeks upon receipt in our office.

REMINDER: You must sign the Affirmation of the Code of Ethics to ensure prompt activation of your membership.

Membership cancellations/refunds must be requested in writing within 30 days of processing this application. A \$25 processing fee will be assessed.

MAIL your application to NASW, P.O. Box 98272, Washington, DC 20077-7343 or FAX directly to 202-336-8331.

For Office Use Only

ID No. _____