



MEMBERSHIP APPLICATION

Applicant Information *(Please print clearly)*

IMPORTANT:

Where do you prefer mail to be sent? Home Work

Dr. Mr. Ms. Mrs.

Male Female Date of Birth _____

Name _____

Credentials _____

Address _____

City _____ State _____

Zip _____ Country _____

Home Phone _____ Fax _____

E-mail Address _____

EMPLOYMENT

Organization _____

Address _____

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. NASW has 50 state chapters, plus New York City, District of Columbia, Puerto Rico, the Virgin Islands, Guam and International.*

EDUCATION (List highest social work degree.)

Applicants must complete information below.

Currently Held Degree: BSW MSW DSW PhD

(Students Only)

Date Entered Program (Mo/Yr) _____

(Students Only)

Graduation (Mo/Yr) _____

College or University/Division _____

City & State _____

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

Health

Adolescents

International

Aging

Mental Health

Child Welfare/Family

Occupational SW/EAP

Community Development

School Social Work

Criminal Justice

Violence

Developmental/

Other non-traditional

Rehabilitative Disabilities

(specify) _____

Displaced Persons,

Homeless, Refugees

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*, \$17.00 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.*

For Office Use Only

ID No.	Category	School	Specs	Mo/Yr	Lvl	CSWE

SMM06001

MEMBERSHIP CATEGORIES AND DUES *(Check one)*

Membership dues are subject to change.

Regular MSW DSW PhD

\$190/year

Open to anyone who has received an MSW, DSW, or PhD as their highest degree in social work from a Council on Social Work Education (CSWE) accredited or recognized social work degree program.

Regular BSW

\$125/year

Open to anyone who has received a BSW as their highest degree in social work from a CSWE accredited or recognized social work degree program.

Student* BSW MSW

\$48/year

Open to anyone currently matriculating in a CSWE accredited social work degree program, or a program eligible for candidacy. **A copy of your current student identification card must be attached to this application.**

**Important Message for Student Members. NASW now provides NASW News and Social Work online to student members. The online editions give students the news and research of the profession with the speed and ease of Internet access.*

Eligibility for the BSW and/or MSW Student membership category is limited to four (4) years for each degree over the lifetime of membership, not necessarily to be continuous.

BSW student members who maintain *continuous* membership after graduation automatically enter a 2-year transitional period with reduced dues of \$94 each year; MSW students enter a 3-year transitional period with reduced dues of \$94 in years 1 and 2, and \$143 in year 3.

Doctoral Student

\$143/year

Open to degree candidates in social work or social welfare doctoral program. **A copy of your current student identification card must be attached to this application.**

Eligibility for the Doctoral Student membership category is limited to four (4) years over the lifetime of membership, not necessarily to be continuous.

Associate Membership

\$151/year

Open to anyone currently employed in a social work capacity (not self-employed or group private practice) who holds a baccalaureate or higher degree from an accredited U.S. college or university, but is not otherwise eligible for regular membership. Associate members may not hold national elective office. Associate members may not vote in national elections until they have maintained five (5) years of continuous membership, at which time they shall be granted the right to vote.

1) Are you practicing social work? Yes No

2) Are you in private practice? Yes No

3) In what type of organization are you employed ?

For profit Nonprofit

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

Mark section(s) below and add section fee to dues payment.

Get connected to colleagues in your specific interest area. Section membership offers special benefits and opportunities. NASW Specialty Practice Section information is available on the NASW web site at www.socialworkers.org. Or call 202-408-8600 ext. 476.

Specialty Practice Section

(Fee: \$35 per year for each section selected)

- | | |
|---|--|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Health |
| <input type="checkbox"/> Alcohol, Tobacco, and Other Drugs (ATOD) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Children, Adolescents and Young Adults | <input type="checkbox"/> School Social Work |
| | <input type="checkbox"/> Social and Economic Justice & Peace |

APPLYING FOR INSURANCE

- Check here if you plan to apply separately for NASW malpractice insurance. Please read the following carefully.

Insurance coverage must be obtained and purchased separately. To obtain an application for professional liability, group term life, long-term disability, hospital daily cash benefit, or personal accident insurance, call the NASW Insurance Trust office at 800-355-3869 or 202-336-8387 or visit www.NASWInsuranceTrust.org. Be sure to retain copies of both your completed membership application and dues payment.

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.

FORMER NASW MEMBERS

To reinstate your NASW membership and/or ACSW certification by phone, call 800-742-4089 or 202-408-8600 ext. 499. To reinstate by mail, complete the information below. Be sure to include the ACSW fee with your dues payment, if appropriate.

- Prior Name and Member ID number
(if name is different from current):
Name _____
Member ID number _____
- ACSW Reinstatement \$30
(include ACSW fee in total due)

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 at www.socialworkers.org.

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 _____

Signature must be included for membership to be activated.

INTERNET Join online at www.socialworkers.org

MAIL Mail application to NASW, P.O. Box 98272, Washington, DC 20077-7343

FAX Fax application to (202) 336-8331

	Donations of \$25 or more to the Public Education Campaign will receive a limited edition silver-plated Professional Social Worker Pin. Donors of \$1,000 or more will receive a 14 kt. gold limited edition Professional Social Worker Pin.
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PAYMENT INFORMATION	Amount enclosed
Membership Dues	\$ _____
ACSW Reinstatement (if checked)	\$ _____
Specialty Practice Section Fee (if checked)	\$ _____
Donation to Public Education Campaign	\$ _____
Total Due	\$ _____

(Student members: a copy of your current student identification card must be attached to this application.)

- Check or money order payable to NASW in the "Total Due" amount indicated above.
- Charge Card: I hereby authorize NASW to charge my credit card in the amount of \$ _____
- NASW VISA/MasterCard* Other VISA/MasterCard
- American Express

Name on Card _____

Card No. _____

Exp. Date _____

Cardholder's Signature _____

Date _____

Note: Check, money order, or credit card information must accompany this form. Please allow 3-5 weeks for the processing of this application.

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

Refunds: All refunds must be requested in writing within 30 days of receipt of this application. A \$25 processing fee will be accessed.

IMPORTANT: You must sign the Affirmation of the Code of Ethics to activate your membership.

- Please send professional liability insurance application so that I may be covered during my career or field placement.
- Please send a group application for insurance term-life, long-term disability, hospital daily cash benefit, and accidental death and dismemberment.