



MEMBERSHIP APPLICATION									
Applicant Information (Please print clearly)									
IMPORTANT:									
W	here do yo	u p	refer ma	il to l	be s	ent?	☐ Hor	ne 🖵 Worl	ζ
	Dr.		Mr.			Ms.		☐ Mrs.	
	Male		Female		Da	te of	Birth _		
Na	ame								
Cr	edentials								
Ac	ldress								
Ci	ty						_State_		
Zi	p			_Cou	ntry				
Н	ome Phone				F	ax _			
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	MPLOYMI ganization								
Ac	ldress								
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Ci	ty						_State_		
Zi	p			_Cou	ntry				
W	ork Phone_				F	ax _			
E-:	mail Addre	ess _							
Cł	napter Pref	erer	ice						*

EDUCATION (List highest social work degree.) Applicants must complete information below.

(Sti Da (Sti	nrrently Held Degree: BSW udents Only) tte Entered Program (Mo/Yr) udents Only) aduation (Mo/Yr)		
	ollege or University/Division_		
CI	ty & State		
DF	EMOGRAPHICS		
E+l	hnic/Racial Origin (check on	4.04	alar)
	African American/Black (not American Indian or Alaskan Asian American or Pacific Is Chicano/Mexican American Puerto Rican Other Hispanic/Latino White/Caucasian (not Hispa Other (specify)	Na slan	ative der /Latino in origin)
M	ajor Practice Area (check one	on	ly)
	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)
B T /	OTTOE TO LEEL (DED.C.		

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

MEMBERSHI Membership di					(Che	eck one)
□ Regular		MSW		DSW		PhD
\$190/year Open to anyone highest degree in (CSWE) accredit	social v	work from	a Cou	ncil on So	cial W	ork Education
☐ Regular		BSW				
\$125/year Open to anyone social work from degree program.	who ha	as received WE accred	d a BS ited or	W as their recognize	highe ed soci	st degree in al work
☐ Student*		BSW		MSW		
\$48/year Open to anyone work degree pro your current stue application. * Important Messag and Social Work of the news and resear.	gram, o dent id	or a progr entification	am eli on care	gible for c d must be	andida attack	acy. A copy of ned to this
Eligibility for the is limited to four membership, not	BSW (4) yes	and/or M ars for eac	SW St	udent mer ree over tl	nbersh	ip category
after graduation with reduced due transitional perio	BSW student members who maintain <i>continuous</i> 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 S	Studen	t				
\$143/year Open to degree of program. A copy be attached to the	candida of you	ites in soci				
Eligibility for the to four (4) years be continuous.						
☐ Associate	Memb	ership				
\$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						
1) Are you prace2) Are you in program3) In what typeFor profi	ivate p of orga	ractice? anization a	are you	Yes	□ N	



^{*}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.

IOIN 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)

□ Aging
□ Alcohol, Tobacco, and
Other Drugs (ATOD)
□ Child Welfare
□ Children, Adolescents
and Young Adults
□ Conomic
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

☐ ACSW Reinstatement (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.

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 stu card must be attached to this application.)	dent identification
☐ Check or money order payable to NA "Total Due" amount indicated above	
☐ Charge Card: I hereby authorize NAS credit card in the amount of \$	υ,
□ NASW VISA/MasterCard* □ Othe □ American Express	r VISA/MasterCard
Name on Card	
Card No.	
Exp. Date	
Cardholder's Signature	
Date	
Note: Check manay order or credit care	1:

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.