



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: \_\_\_\_\_

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

Dr.  Ms.  Mrs.  Mr.  Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: (Required) \_\_\_\_\_  
First Middle Last Credentials

Email Address: (Required) \_\_\_\_\_ Gender:  Female  Male  Other  Transgender

Home Address: (One Address Required)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employment Address: (One Address Required)

Organization: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Your chapter is assigned to you based on your preferred mailing address zip code. A listing of NASW chapters is available on www.socialworkers.org. If you prefer to be assigned to a different chapter, please contact Member Services at 800.742.4089 or membership@naswdc.org. NASW and your chapter share dues.

EDUCATION. Please select your highest degree earned. Your education information is required to process your application. See reverse or visit www.socialworkers.org/membership for more information about membership categories and dues.

BSW  MSW  DSW  PhD  Other \_\_\_\_\_

Graduation Date (Students: Include expected graduation date.) (mm/yyyy) \_\_\_\_\_ Students Only: Date Entered Program (mm/yyyy) \_\_\_\_\_

College or University \_\_\_\_\_ City & State \_\_\_\_\_

REGULAR MEMBERSHIP CATEGORIES	YEARLY RATE	STUDENT MEMBERSHIP* CATEGORIES	YEARLY RATE
<input type="checkbox"/> MSW		<input type="checkbox"/> BSW Student	\$ 57
<input type="checkbox"/> DSW	\$225	<input type="checkbox"/> MSW Student	\$ 57
<input type="checkbox"/> PhD	\$225	<input type="checkbox"/> Doctoral Student (in a social work/welfare program)	\$170
<input type="checkbox"/> BSW	\$150	* Applicants must be enrolled in a CSWE accredited social work degree program.	
<input type="checkbox"/> Associate Membership	\$225		
<input type="checkbox"/> ACSW Reinstatement (\$30.00)			

See socialworkers.org/join for more on dues categories.

NASW CODE OF ETHICS SUMMARY

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. The Code of Ethics is available online in its entirety at socialworkers.org/pubs/code.

AFFIRMATION OF THE NASW CODE OF ETHICS

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, conviction of a felony, or revocation of social work licensure may be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT INFORMATION

	Amount
Membership Dues	\$ _____
Specialty Practice Section(s) Fee	\$ _____
ACSW Reinstatement Fee	\$ _____
NASW Foundation Donation (voluntary)	\$ _____
Public Education Campaign Donation (voluntary)	\$ _____
Legal Defense Fund Contribution (voluntary)	\$ _____
Total Dues:	\$ _____

Check or money order payable to NASW.

I authorize NASW to charge my credit card a total of \$ \_\_\_\_\_

Check one:  Visa  Mastercard  American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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

## TELL US ABOUT YOURSELF

### MAJOR PRACTICE AREA *(Optional. Please check one.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Addictions                                | <input type="checkbox"/> International         |
| <input type="checkbox"/> Administration/Supervision                | <input type="checkbox"/> Mental Health         |
| <input type="checkbox"/> Adolescents                               | <input type="checkbox"/> Occupational SW/EAP   |
| <input type="checkbox"/> Aging                                     | <input type="checkbox"/> Philanthropy          |
| <input type="checkbox"/> Child Welfare/Family                      | <input type="checkbox"/> Political Social Work |
| <input type="checkbox"/> Community Development                     | <input type="checkbox"/> Public Health         |
| <input type="checkbox"/> Criminal Justice/Courts                   | <input type="checkbox"/> School Social Work    |
| <input type="checkbox"/> Developmental/Rehabilitative Disabilities | <input type="checkbox"/> Social Work Education |
| <input type="checkbox"/> Displaced Persons, Homeless, Refugees     | <input type="checkbox"/> Violence              |
| <input type="checkbox"/> Health                                    | <input type="checkbox"/> Other Non-Traditional |

### DEMOGRAPHICS *(Optional. Please check one.)*

- |  |  |
|--|--|
| <b>Ethnic/Racial Origin</b> <i>(Check one)</i>     | <b>Sexual Orientation</b> <i>(Check one)</i> |
| <input type="checkbox"/> African American          | <input type="checkbox"/> Lesbian             |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Gay Male            |
| <input type="checkbox"/> Chicano/Mexican           | <input type="checkbox"/> Bisexual            |
| <input type="checkbox"/> Native American           | <input type="checkbox"/> Heterosexual        |
| <input type="checkbox"/> Puerto Rican              | <input type="checkbox"/> Other               |
| <input type="checkbox"/> White/Caucasian           |  |
| <input type="checkbox"/> Other Hispanic/Latino     |  |
| <input type="checkbox"/> Other                     |  |

### APPLYING FOR INSURANCE

Insurance coverage must be obtained and purchased separately. Continuous membership with NASW is necessary when renewing professional liability insurance policies annually through NASW Assurance Services' programs. To apply for professional liability insurance, visit [www.naswassurance.org](http://www.naswassurance.org). For term life, long-term, disability, or accident protection insurance, call 866.591.8267.

### JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) focuses on issues, policies, and trends affecting social work practice in numerous specialty areas and provides specialized content and information. SPS also offers free practice-based webinars with free CE credit. Learn more at [socialworkers.org/sections](http://socialworkers.org/sections). *Fee is \$35 per year for each Section selected.* Select the Section you want to join, and add the fee to your payment total.

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

### MEMBERSHIP CATEGORIES

**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 or social welfare.

**Student Member** applicants must be matriculating in a CSWE accredited social work degree program. Students who have maintained continuous membership after graduation are eligible for a transitional member rate of up to two years for BSWs and up to three years for MSWs. NASW student members and eligible transitional members may apply for discounted professional liability insurance for student field placement and/or for the first two years of professional practice. Eligibility for the Doctoral Student Membership category is limited to (4) years over the lifetime of membership, not necessarily to be continuous.

**Associate Member** applicants have a professional interest in, or are supportive of, the issues addressed by, or the client populations served by, the social work profession. Associate members may not hold national or chapter elective office. After five years of continuous membership, associate members are granted the right to vote in national or chapter elections.

### NOTICE TO MEMBERS

Membership dues payments and other payments to NASW are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible, however, as ordinary and necessary business expenses subject to federal limits related to Association lobbying activity. Tax deductible percentages will be available in January and printed in *NASW News*. Contributions to the NASW Foundation and its supported activities are generally tax deductible as charitable contributions. Consult a tax advisor regarding issues of tax deductibility. Contributions to PACE, NASW's political action committee are not tax deductible and can only be accepted from individual members and not businesses, organizations, or government agencies.

**Full payment must accompany this form.** Your application will be processed within two weeks upon receipt in our office. *NASW reserves the right to determine membership in keeping with Association principles and policies.*

**Refunds:** *Membership cancellations/refunds must be requested in writing within 30 days of membership activation. A \$25 processing fee will be applied to refunds of membership dues.*

**Replacement Card Fee:** *There is a \$15 fee to replace your NASW membership identification card. Download a free copy of your membership card information at [socialworkers.org/membercenter](http://socialworkers.org/membercenter).*

**Returned Check Fee:** *A \$35 processing fee will be assessed for returned checks.*

MAIL your application to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX it to 888.551.6096.

*NASW cannot guarantee confidentiality of this information, although it is intended for internal use only.*