

FORMER MEMBERS. Prior Name and Member ID Number: _____

Dr. Ms. Mrs. Mr. Other _____ Date of Birth _____

Name: (Required) _____
First Middle Last Credentials

Email Address: (Required) _____

Home Address: (One Address Required) Check if preferred mailing address

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

Country: _____ Home Phone: _____ Cell: _____

Work Address: (One Address Required) Check if preferred mailing address

Organization: _____ Work Phone: _____

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

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

EDUCATION. (Required) NASW membership is based on your social work education. Please select your highest social work degree earned, if any. See reverse or visit socialworkers.org/membership for membership categories and dues.

BSW MSW DSW PhD Other _____

Graduation Date (Students: Expected graduation date) (mm/yyyy) _____ Students: Date Entered Program (mm/yyyy) _____

College or University _____ City & State _____
(Please do not abbreviate)

REGULAR MEMBERSHIP CATEGORIES	YEARLY RATE	STUDENT MEMBERSHIP CATEGORIES	YEARLY RATE
<input type="checkbox"/> MSW <input type="checkbox"/> DSW <input type="checkbox"/> PhD	\$225	<input type="checkbox"/> BSW Student* <input type="checkbox"/> MSW Student*	\$ 57
<input type="checkbox"/> BSW	\$150	<small>*Enrolled in a CSWE accredited social work degree program</small>	
<input type="checkbox"/> Associate Membership	\$225	<input type="checkbox"/> Doctoral Student (in a social work/welfare program)	\$170
<input type="checkbox"/> ACSW Reinstatement (\$30.00)		<input type="checkbox"/> Associate Student	\$ 57
		<small>(Enrolled in any other undergraduate or graduate program, and does not hold a social work degree)</small>	

See socialworkers.org/membership 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/about/ethics.

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 (\$40 each)	\$ _____
ACSW Reinstatement Fee (\$30)	\$ _____
NASW Foundation Donation (optional)	\$ _____
Public Education Campaign Donation (optional)	\$ _____
Legal Defense Fund Contribution (optional)	\$ _____
Total Dues:	\$ _____

Check or money order payable to NASW.
 Mail to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX to 888.551.6096.

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

Check one: Visa Mastercard American Express

Credit Card #: _____

Exp. Date: _____ Billing Zip: _____

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

The information in your NAW member profile is optional. Your personal and professional information helps NASW better serve you with the resources you need most, better represent you as a social worker, and better advocate for the profession. This information is intended for internal use only.

MAJOR PRACTICE AREA *(Optional – please number 1-3)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Addictions/Substance Use | <input type="checkbox"/> Disabilities | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Adolescent Services | <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Advocacy & Public Policy | <input type="checkbox"/> Equity & Human Rights | <input type="checkbox"/> Military & Veterans |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Health Care | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Housing & Homeless Services | <input type="checkbox"/> Psychotherapy Services |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Immigrant & Displaced Persons Services | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> International | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Criminal Justice | | <input type="checkbox"/> Social Work Education |
| | | <input type="checkbox"/> Trauma & Violence |
| | | <input type="checkbox"/> Other |

DEMOGRAPHICS *(Optional)*

- | | |
|--|---------------------------------------|
| Ethnic/Racial Origin | Sexual Orientation |
| <input type="checkbox"/> Another Race or Ethnicity | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Gay Male |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Chicano/Mexican | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | Gender |
| <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Female |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Male |
| <input type="checkbox"/> White | <input type="checkbox"/> Transgender |
| | <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 naswassurance.org. For term life, long-term, disability, or accident protection insurance, call 855.385.2160.

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) focus on issues, policies, and trends affecting social work practice in numerous specialty areas and provide specialized content and information. SPS also offers free practice-based webinars with free CE credit. Learn more at socialworkers.org. *Fee is \$40 per year for each Section selected.* Select the Section(s) 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"/> School Social Work |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Children, Adolescents, and Young Adults | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Social and Economic Justice & Peace |
| <input type="checkbox"/> Alcohol, Tobacco, and Other Drugs | | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Social Work and the Courts |

MEMBERSHIP CATEGORIES

Regular 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.

Social Work Student Member applicants must be enrolled in a CSWE accredited social work degree program. Students who have maintained continuous membership after graduation are eligible for a discounted transitional member rate of up to two years for BSWs and up to three years for MSWs. NASW social work 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 doctoral student membership is limited to (4) years, not necessarily to be continuous.

Associate Student Member applicants must be enrolled in an undergraduate or graduate degree program in a field other than social work, or a program not accredited by CSWE and do not already hold a social work degree. Associate student members are not eligible for a transitional member rate, and may not hold national or chapter elective office. Associate student members may convert to social work student members on entering a CSWE accredited program, or may become associate members.

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.

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

Full payment is required to activate your membership. Your application will be processed within two weeks upon receipt. 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. **Returned Check Fee:** A \$35 processing fee will be assessed for returned checks.

Replacement Card: You may request a replacement for your NASW membership ID card through Member Services for \$15, or print a free copy of your membership card and certificate at socialworkers.org/naswmembercenter.

NASW Member Services is available Mon-Fri 9:00am – 9:00pm ET, at 800.742.4089 or membership@socialworkers.org.