

FORMER MEMBERS. Prior Name or Past Member ID Number: _____

Name: (Required) _____
First Middle Last Credentials

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

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 May we send limited text messages about your membership?

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 indicate your highest social work degree earned (if any) and any degree you are now pursuing. See membership categories on reverse or visit socialworkers.org/membership for membership categories and dues.

Degree	Entered Program (mm/yyyy)	Grad Date or Expected Grad Date (mm/yyyy)	College/University	City, State
<input type="checkbox"/> BSW	/	/		
<input type="checkbox"/> MSW	/	/		
<input type="checkbox"/> DSW <input type="checkbox"/> PhD	/	/		
<input type="checkbox"/> Other	/	/		

REGULAR MEMBERSHIP CATEGORIES	YEARLY RATE	PAYMENT INFORMATION	Amount
<input type="checkbox"/> MSW <input type="checkbox"/> DSW <input type="checkbox"/> PhD	\$236	Membership Dues	\$ _____
<input type="checkbox"/> BSW	\$158	Specialty Practice Section(s) Fee (\$40 each, see reverse)	\$ _____
<input type="checkbox"/> Associate Membership	\$236	ACSW Reinstatement Fee (\$35)	\$ _____
		NASW Foundation Donation (optional)	\$ _____
		Public Education Campaign Donation (optional)	\$ _____
		Legal Defense Fund Contribution (optional)	\$ _____
		TOTAL:	\$ _____
		Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
		Credit Card #: _____	
		Exp. Date: _____ CVV: _____ Billing Zip: _____	
		Name on Card: _____ Date: _____	
		Cardholder's Signature: _____	
		<input type="checkbox"/> I authorize ANNUAL AUTO RENEWAL using this card. <i>Details on reverse.</i>	
		Check or money order payable to NASW.	
		Mail to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX to 888.551.6096.	

AFFIRMATION OF THE NASW CODE OF ETHICS
 The NASW Code of Ethics summarizes ethical principles that reflect the profession's core values, establishes ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. Read the Code of Ethics at socialworkers.org/about/ethics.

I hereby affirm and agree that I will abide by the NASW Code of Ethics 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 _____
Required for NASW membership.

MEMBERSHIP CATEGORIES

Regular Members have 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 Members are enrolled in a CSWE accredited BSW or MSW degree program. Members who join as students are eligible for discounted transitional rates for up to three years after graduation with continuous membership. Doctoral student members are earning a doctoral degree in social work or social welfare.

Associate Student Members are 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 any social work degree.

Associate Members have a professional interest in, or are supportive of, the issues addressed by, or the client populations served by, the social work profession and do not have a CSWE accredited social work degree.

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.

- Administration/Supervision
- Aging
- Alcohol, Tobacco, and Other Drugs
- Child Welfare
- Children, Adolescents, and Young Adults
- Health
- Mental Health
- Private Practice
- School Social Work
- Social and Economic Justice & Peace
- Social Work and the Courts

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 as ordinary and necessary business expenses subject to federal limits related to Association lobbying activity. The percentage of dues deductible each year is published on socialworkers.org in Member FAQs and in *Social Work Advocates* in February/March. 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 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.

Apply for Insurance: Insurance coverage must be obtained and purchased separately. To apply for professional liability insurance, visit naswassurance.org.

Auto Renew: Check box on reverse to enroll in ANNUAL AUTO RENEWAL when you mail in your credit card payment with this form. You may also enroll online at socialworkers.org/NASWMemberCenter, or call 800.742.4089 Mon-Fri 9am – 9pm ET. Your membership renewal, including any optional subscriptions or contributions you choose, will be charged to the account you specify on the 15th of the month in which your membership expires each year. You will receive email reminders 60 days and 15 days in advance. You can change your auto renewal enrollment in your profile in the NASW Member Center at any time: socialworkers.org/NASWMemberCenter.

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

TELL US ABOUT YOURSELF

The demographic information in your NASW 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)*

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

DEMOGRAPHICS *(Optional)*

Gender

- Woman
- Man
- Non-Binary/Genderqueer
- Transgender Woman
- Transgender Man
- Other

Sexual Orientation

- Lesbian
- Gay Male
- Bisexual
- Heterosexual
- Other

Ethnic/Racial Origin

- Another Race or Ethnicity
- Asian
- Black/African American
- Chicano/Mexican
- Native American or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other Hispanic/Latino
- Puerto Rican
- White