National Organization of Forensic Social Work

460 Smith St, Suite K, Middletown, CT 06457 Ph: (860) 613-0254 Fax: (866) 668-9858

MEMBERSHIP APPLICATION

(Please print clearly or type to fill.)

NAME: (First) _____ (MI) _____ (Last) _____

Home Address: _____ City _____

State: _____ ZIP _____ **Home/Evening PHONE:** (_____) _____

E-mail Address: _____ **Cell:** (_____) _____

Agency/Employer Name: _____

Emplo yer Address _____ City _____

State: _____ ZIP _____ **Work/Day PHONE:** (_____) _____

Mail Correspondence to: ☐ Home Address ☐ Prof. Address **FAX:** (_____) _____

Academic Background

DEGREE	INSTITUTION AND LOCATION	Year Graduated

Professional Experience *-- show most recent or **current** experience first* (write on back or add sheets if necessary)

Employer/Agency and Location	Position	From --- To

Area of practice or specialization: _____

Current S.W. License/Registration ID #: _____ ***State:*** _____

Ever been censured or lost license? ☐ ***No*** ☐ ***Yes*** (If *Yes*, please attach explanation.)

TYPE OF MEMBERSHIP *(Please Check Appropriate Category)*

☐ ***Full Member*** -- **$95.00/year** (M.S.W. and 3-years, post-graduate forensic social work experience)
☐ ***Associate Member*** -- **$85.00/year** (Forensic Social Work experience)
☐ ***Allied Professional Member*** -- **$85.00/year** (Professional interest in Forensic Social Work)
☐ ***Student*** -- **$40.00/year** (Full-time social work student)
☐ ***Retiree*** -- **$45.00/year** (Retired social work practitioner)

Send application along with payment to the above address. Please make checks payable to: "NOFSW"

Credit Card: **Visa** or **MasterCard** Card #: _____ Expiration Date:

☐ **I agree to allow NOFSW to publish the above information in its Directory and other official material.**
☐ **I agree to abide by the NOFSW Code of Ethics in my professional practice.**

Signature _____ **Date** _____