2022 Annual Conference

Student Member Volunteer Registration Form

The 2022 Annual Conference will be held at the Sheraton New Orleans Hotel June 14-16, 2022. To be a volunteer:

- Join NOFSW as student member (See attached membership form)
- Attend the one hour training session on first morning of your attendance
- Agree to work registration and as a workshop monitor at the conference as assigned
- NOFSW will waive the registration fee for the conference (this does not include the Tuesday Pre-Conference Certificate Program).

Name: ______________________________________
School: __________________________________________________________________________________
Address: ____________________________________________________________________________
City: _____________________________________ State: ___________Zip: ________________________
Phone: ______________________________________ Fax: ____________________________________
Email: _____________________________________________________________________________

Email to: jim.campbell@nofsw.org.
MEMBERSHIP APPLICATION

(Please print clearly)

NAME: (First) __________________________  (MI) ____________  (Last) _______________________________

Home Address: __________________________________________ City __________________________
State: ___________________ ZIP ____________  Home/Evening PHONE: (___) __________________

E-mail Address: __________________________________________  Cell: (___) __________________

Agency/Employer Name: ____________________________________________________________

Employer Address __________________________________________ City __________________________
State: ___________________ ZIP ____________  Work/Day PHONE: (___) __________________

Mail Correspondence to:  ____ Home Address   ____ Prof. Address  FAX: (___) __________________

Academic Background (Student Members: please include a copy of your class schedule to verify status)

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<th>DEGREE</th>
<th>INSTITUTION AND LOCATION</th>
<th>Year Graduated</th>
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Professional Experience -- show most recent or current experience (Full, Allied and Associate members, please include a copy of your resume or CV)

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<th>Employer/Agency and Location</th>
<th>Position</th>
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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 -- $125.00/year (M.S.W. and 3-years, post-graduate forensic social work experience)
___ Associate Member -- $115.00/year (Forensic Social Work experience)
___ Allied Professional Member -- $115.00/year (Professional interest in Forensic Social Work)
___ Student -- $40.00/year (Full-time social work student)
___ Retiree -- $50.00/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: ___/___
Billing Address: __________________________________________  CSC/CCID Code on back: ______

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 ___________________________

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