**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 transportation, lodging or expenses).

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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