

National Organization of Forensic Social Work

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 transportation, lodging or expenses).

Name: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Email to: jim.campbell@nofsw.org.

National Organization of Forensic Social Work

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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)

DEGREE	INSTITUTION AND LOCATION	Year Graduated

Professional Experience -- show most recent or **current** experience (Full, Allied and Associate members, please include a copy of your resume or CV)

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** -- \$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 _____