The 2022 Annual Conference will be held at the Sheraton New Orleans Hotel June 13-16, 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)

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>INSTITUTION AND LOCATION</th>
<th>Year Graduated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Employer/Agency and Location</th>
<th>Position</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________  rev: 12/16