



National Association of Social Workers

MEMBERSHIP APPLICATION — SAVE TIME. Join Instantly Online at socialworkers.org

Applicant Information *(Please print or type clearly.)*

IMPORTANT: Where do you prefer to receive your mail? ☐ Home ☐ Work

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other _____ Date of Birth _____

First Name _____ Middle Initial _____ Last Name _____ Credentials _____

Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Country: _____ Home Phone: _____ Fax: _____

Employment Address:

Organization: _____ Job Title: _____

Street: _____ City: _____ State: _____ Zip: _____ Country: _____

Work Phone: _____ Fax: _____ Preferred Email Address: _____

Chapter Preference _____ *

*NASW and your state chapter share your dues. A chapter is assigned to you based on your preferred mailing zip code unless otherwise specified. NASW has chapters in all 50 states, plus New York City, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and International.

EDUCATION *(Select your highest degree and provide the requested information.) If you are applying for associate membership, see the requirements listed under Membership Categories and Dues.*

☐ BSW ☐ MSW ☐ DSW ☐ PhD ☐ _____ Other (Bachelor's degree or higher required for Associate Membership)

Graduation Date (Students: Include expected graduation date.) (mo/yr) _____ Students Only: Date Entered Program (mo/yr) _____

College or University/Division _____ City & State _____

MEMBERSHIP CATEGORIES AND DUES

REGULAR FULL MEMBER applicants must hold a BSW or MSW from a Council on Social Work Education (CSWE) accredited or recognized social work degree program, or a PhD/DSW in social work or social welfare.

STUDENT MEMBER applicants must be matriculating in a CSWE-accredited social work degree program. NASW student members and eligible transitional members may apply for discounted professional liability insurance for student field placement and/or for the first two years of professional practice.

ASSOCIATE MEMBER applicants must hold a baccalaureate or higher degree from an accredited U.S. college or university, must currently be employed in a social work capacity (not self-employed or group private practice), and must not otherwise be eligible for regular or student membership. Associate members may not vote in NASW national elections until they have maintained five (5) years of continuous membership at which time they will be granted the right to vote.

BSW, MSW, and DSW student memberships are limited to four years per degree over the lifetime of membership, not necessarily to be continuous. BSW student members who maintain continuous membership automatically enter a two-year transitional period after graduation and receive a reduced dues rate of \$94 each year. MSW student members who maintain continuous membership enter a three-year transitional period with reduced dues of \$94 for the first and second years, and \$143 for the third. Membership must remain active and continuous to qualify and maintain eligibility for this rate.

Select one of the following Categories

Regular Membership

☐ MSW ☐ DSW ☐ PhD ☐ BSW

Yearly Rate:

\$190
\$125

Student Membership

☐ BSW Student ☐ MSW Student ☐ Doctoral Student *(in a Social Work/Welfare Program)* ☐ Associate Membership

\$ 48
\$143
\$151

NOTICE TO MEMBERS

Payment, contributions, or gifts to the National Association of Social Workers General Fund are not tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to limitations imposed as a result of Association lobbying activities. For federal tax planning purposes, the nondeductible portion of the NASW dues payment to be made in tax year 2009 is 10.66%. Membership dues include annual subscription fees for the *Social Work* journal, *NASW NEWS* and other NASW newsletters. Contributions to PACE, NASW's political action committee, are also not tax deductible and can be accepted only from individual members, not from businesses, organizations, or government agencies. Please consult your tax advisor to see if you can deduct a percentage of your membership dues in your state as a business, professional or other itemized deduction.

FORMER MEMBERS. If you were a member in the past, please provide the following information or call Member Services at 800.742.4089.

Prior Name and Member ID Number: _____

☐ ACSW Reinstatement (\$30.00) A copy of your expired certificate is required with your membership application or contact the ACSW office directly at 800.638.8799. ext. 447.

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) link you to key resources to help you stay at the forefront of your specialty through specialized content and information on current trends and policy issues that influence social work practice and service delivery. SPS also offers multiple opportunities to earn FREE CEs. To join, select your preferred section below.

Select Section below. *(Fee: \$35 for each section selected)*

☐ Aging ☐ Child Welfare ☐ Health ☐ Private Practice ☐ Social and Economic
☐ Alcohol, Tobacco, and Other Drugs ☐ Children, Adolescents and Young Adults ☐ Mental Health ☐ School Social Work ☐ Justice & Peace

DEMOGRAPHICS

Ethnic/Racial Origin (*Check one only.*)

- ☐ African American/Black (not Hispanic/Latino in origin)
☐ American Indian or Alaskan Native
☐ Asian American or Pacific Islander
☐ Chicano/Mexican American
☐ Puerto Rican
☐ Other Hispanic/Latino
☐ White/Caucasian (not Hispanic/Latino in origin)
☐ Other (Specify) _____

Major Practice Area (*Check all that apply*)

- ☐ Addictions
☐ Administration
☐ Adolescents
☐ Aging
☐ Child Welfare/Family
☐ Community Development
☐ Criminal Justice
☐ Developmental/Rehabilitative Disabilities
☐ Displaced Persons, Homeless, Refugees

- ☐ Health
☐ International
☐ Mental Health
☐ Occupational SW/EAP
☐ Policy
☐ School Social Work
☐ Social Work Education
☐ Violence
☐ Other Non-Traditional
(Specify) _____

APPLYING FOR INSURANCE

Insurance coverage must be obtained and purchased separately. Continuous membership with NASW is necessary when renewing professional liability insurance policies annually through NASW Assurance Services' programs. To obtain an application for professional liability insurance, please call 800.421.6694. To obtain an application for term life, long-term disability, or accident protection insurance, please call 866.591.8267 or visit naswassurance.org. Be sure to retain copies of both your completed membership application and dues payment.

FOREIGN DEGREE

NASW invites social workers who reside in the United States, but who hold a degree from a university outside the United States, to become eligible for membership through a degree equivalency process. Please call Member Services at 800.742.4089 for more information.

NASW CODE OF ETHICS SUMMARY

By joining NASW you agree to abide by the *NASW Code of Ethics* and the *NASW Procedures for Professional Review*.

The *Code* identifies core values on which social work's mission is based, summarizes ethical principles that reflect the profession's core values, establishes a set of specific ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. As a new member, you will receive a full copy of the *Code of Ethics*. The *Code* is available online in its entirety at socialworkers.org/pubs/code.

AFFIRMATION OF THE NASW CODE OF ETHICS

Your signature below attests that all information provided on this application is true and accurate. It also pledges you to uphold the *Code* and notifies you that you can be held accountable under the *NASW Procedures for Professional Review* for any violation of the *Code*.

I hereby affirm and agree that I will abide by the *Code of Ethics* of the National Association of Social Workers and agree to submit to professional review proceedings for any alleged violation of the same in accordance with NASW bylaws. I further understand that falsification of the contents of this application will be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

Signature _____ Date _____

You must sign the Affirmation of the Code of Ethics to ensure prompt activation of your membership.

PAYMENT INFORMATION

	Amount
Membership Dues	\$ _____
Specialty Practice Section(s) Membership Total	\$ _____
ACSW Reinstatement (if a former member)	\$ _____
NASW Foundation Donation	\$ _____
National Social Work Public Education Campaign Donation	\$ _____ *
Total Dues:	\$ _____



* Donors of \$25 or more will receive a limited edition silver-plated Professional Social Worker Pin. Donors of \$50 or more will receive a gold-plated Pin. Donors of \$1,000 or more will receive a 14 kt. gold limited edition Pin.

Student members must submit a copy of their current student identification with this application.

Check or money order payable to NASW in the "Total Dues" amount indicated above.

Credit Card: I hereby authorize NASW to charge my credit card in the amount of \$ _____

Check one: ☐ Visa** ☐ Mastercard** ☐ American Express

Credit Card Number: _____ Exp. Date _____

Name on Card: _____ Cardholder's Signature: _____ Today's Date: _____

****Use of the NASW credit card helps support the social work profession. Call 800.523.7666 for more information.**

Full payment must accompany this form. Your application will be processed within two weeks upon receipt in our office.

REMINDER: You must sign the Affirmation of the Code of Ethics to ensure prompt activation of your membership.

Refunds: Membership cancellations/refunds must be requested in writing within 30 days of processing of this application. A \$25 processing fee will be assessed.

Replacement Card Fee: There is a \$15 fee to replace your NASW membership identification card or download a free copy of your membership card information at socialworkers.org/membercenter.

Returned Check Fee: A \$35 processing fee will be assessed for returned checks.

MAIL your application to NASW, P.O. Box 98272, Washington, DC 20077-7343 or FAX directly to 202.336.8331.

For Office Use Only

ID No. _____