



National Association of Social Workers

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

FORMER MEMBERS. Prior Name or Past Member ID Number: _____

Name: (Required) _____
First Middle Last Credentials

☐ Dr. ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other _____ Date of Birth (Required) _____

Email Address: (Required) _____

Home Address: (One Address Required) ☐ Check if preferred mailing address

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

Country: _____ Home Phone: _____ Cell: _____

Work Address: (One Address Required) ☐ Check if preferred mailing address ☐ May we send limited text messages about your membership?

Organization: _____ Work Phone: _____

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

Your dues include National and Chapter membership. Your chapter is assigned based on your preferred mailing address. A listing of NASW chapters is available on socialworkers.org. If you prefer to be assigned to a different chapter, please contact Member Services at 800.742.4089 or membership@socialworkers.org. NASW and your chapter share dues.

EDUCATION. (Required) NASW membership is based on your social work education. Please indicate your highest social work degree earned (if any) and any degree you are now pursuing. See membership categories on reverse or visit socialworkers.org/membership for membership categories and dues.

Degree	Entered Program (mm/yyyy)	Grad Date or Expected Grad Date (mm/yyyy)	College/University	City, State
<input type="checkbox"/> BSW	/	/		
<input type="checkbox"/> MSW	/	/		
<input type="checkbox"/> DSW <input type="checkbox"/> PhD	/	/		
<input type="checkbox"/> Other	/	/		

REGULAR MEMBERSHIP CATEGORIES		YEARLY RATE	PAYMENT INFORMATION		Amount
<input type="checkbox"/> MSW	<input type="checkbox"/> DSW	<input type="checkbox"/> PhD		Membership Dues	\$ _____
<input type="checkbox"/> BSW				Specialty Practice Section(s) Fee (\$40 each, see reverse)	\$ _____
<input type="checkbox"/> Associate Membership				ACSW Reinstatement Fee (\$30)	\$ _____
				NASW Foundation Donation (optional)	\$ _____
				Public Education Campaign Donation (optional)	\$ _____
				Legal Defense Fund Contribution (optional)	\$ _____
				TOTAL:	\$ _____
STUDENT MEMBERSHIP CATEGORIES			Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
<input type="checkbox"/> BSW Student*	<input type="checkbox"/> MSW Student*			Credit Card #:	_____
*Enrolled in a CSWE accredited social work degree program				Exp. Date:	_____ CVV: _____ Billing Zip: _____
<input type="checkbox"/> Doctoral Student (in a social work/welfare program)				Name on Card:	_____ Date: _____
<input type="checkbox"/> Associate Student**				Cardholder's Signature:	_____
**Enrolled in any other undergraduate or graduate program, and does not hold a social work degree			<input type="checkbox"/> I authorize ANNUAL AUTO RENEWAL using this card. Details on reverse.		
			Check or money order payable to NASW.		
			Mail to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX to 888.551.6096.		

AFFIRMATION OF THE NASW CODE OF ETHICS

The NASW *Code of Ethics* summarizes ethical principles that reflect the profession's core values, establishes ethical standards that guide social work practice, and provides the basis on which the public can hold a practitioner accountable. Read the *Code of Ethics* at socialworkers.org/about/ethics.

I hereby affirm and agree that I will abide by the NASW *Code of Ethics* 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, conviction of a felony, or revocation of social work licensure may be grounds for rejection and/or termination of my Association membership and revocation of any and all benefits resulting therefrom.

Signature _____ Date _____

Required for NASW membership.

MEMBERSHIP CATEGORIES

Regular Members have 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.

Social Work Student Members are enrolled in a CSWE accredited BSW or MSW degree program. Members who join as students are eligible for discounted transitional rates for up to three years after graduation with continuous membership. Doctoral student members are earning a doctoral degree in social work or social welfare.

Associate Student Members are enrolled in an undergraduate or graduate degree program in a field other than social work or a program not accredited by CSWE and do not already hold any social work degree.

Associate Members have a professional interest in, or are supportive of, the issues addressed by, or the client populations served by, the social work profession and do not have a CSWE accredited social work degree.

JOIN NASW'S SPECIALTY PRACTICE SECTIONS

The Specialty Practice Sections (SPS) focus on issues, policies, and trends affecting social work practice in numerous specialty areas and provide specialized content and information. SPS also offers free practice-based webinars with free CE credit. Learn more at socialworkers.org.

Fee is \$40 per year for each Section selected. Select the Section(s) you want to join, and add the fee to your payment total.

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

TELL US ABOUT YOURSELF

The demographic information in your NASW member profile is optional. Your personal and professional information helps NASW better serve you with the resources you need most, better represent you as a social worker, and better advocate for the profession. This information is intended for internal use only.

MAJOR PRACTICE AREA *(Optional – please number 1-3)*

- | | |
|---|---|
| <input type="checkbox"/> Addictions/Substance Use | <input type="checkbox"/> Immigrant & Displaced Persons Services |
| <input type="checkbox"/> Adolescent Services | <input type="checkbox"/> International |
| <input type="checkbox"/> Advocacy & Public Policy | <input type="checkbox"/> Juvenile Justice |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Military & Veterans |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Psychotherapy Services |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Social Work Education |
| <input type="checkbox"/> Equity & Human Rights | <input type="checkbox"/> Trauma & Violence |
| <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Care | |
| <input type="checkbox"/> Housing & Homeless Services | |

DEMOGRAPHICS *(Optional)*

Gender

- ☐ Woman
- ☐ Man
- ☐ Non-Binary/Genderqueer
- ☐ Transgender Woman
- ☐ Transgender Man
- ☐ Other

Sexual Orientation

- ☐ Lesbian
- ☐ Gay Male
- ☐ Bisexual
- ☐ Heterosexual
- ☐ Other

Ethnic/Racial Origin

- ☐ Another Race or Ethnicity
- ☐ Asian
- ☐ Black/African American
- ☐ Chicano/Mexican
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other Hispanic/Latino
- ☐ Puerto Rican
- ☐ White

NOTICE TO MEMBERS

Membership dues payments and other payments to NASW are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses subject to federal limits related to Association lobbying activity. The percentage of dues deductible each year is published on socialworkers.org in Member FAQs and in *Social Work Advocates* in February/March. Contributions to the NASW Foundation and its supported activities are generally tax deductible as charitable contributions. Consult a tax advisor regarding issues of tax deductibility. Contributions to PACE, NASW's political action committee are not tax deductible and can only be accepted from individual members and not businesses, organizations, or government agencies.

Full payment is required to activate your membership. Your application will be processed within two weeks upon receipt. NASW reserves the right to determine membership in keeping with Association principles and policies.

Refunds: Membership cancellations/refunds must be requested in writing within 30 days of membership activation. A \$25 processing fee will be applied to refunds of membership dues. **Returned Check Fee:** A \$35 processing fee will be assessed for returned checks.

Replacement Card: You may request a replacement for your NASW membership ID card through Member Services for \$15, or print a free copy of your membership card and certificate at socialworkers.org/naswmembercenter.

Apply for Insurance: Insurance coverage must be obtained and purchased separately. To apply for professional liability insurance, visit naswassurance.org.

Auto Renew: Check box on reverse to enroll in ANNUAL AUTO RENEWAL when you mail in your credit card payment with this form. You may also enroll online at socialworkers.org/NASWMemberCenter, or call 800.742.4089 Mon-Fri 9am – 9pm ET. Your membership renewal, including any optional subscriptions or contributions you choose, will be charged to the account you specify on the 15th of the month in which your membership expires each year. You will receive email reminders 60 days and 15 days in advance. You can change your auto renewal enrollment in your profile in the NASW Member Center at any time: socialworkers.org/NASWMemberCenter.

MAIL your application to NASW, P.O. Box 791343, Baltimore, MD 21279-1343 or FAX it to 888.551.6096.