



Association of Social Workers
in Northern Canada

Association of Social Workers in Northern Canada

Membership Application

Circle: Ms. Miss. Mrs. Mr. Dr.

Please print Full Name (The name, as printed, will appear on your Certificate)

Home Address: _____

City/Town: _____ Postal Code: _____

Home Phone: () _____ Fax: () _____

Employer: _____

Address: _____

City/Town: _____ Postal Code: _____

Job Title: _____

Work Phone: () _____ Fax: () _____

E-mail: _____

I am applying for:

FULL MEMBER (please list your social work credentials; enclose photocopy of Diploma or Degree)
Fee: \$ 175.00

	Diploma/Degree	Year Graduated	College/University
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

STUDENT MEMBER Fee: \$ 0.00 for students in a SW program in NU, NT or YT

Diploma/Degree	Expected Year of Graduation	College/University
_____	_____	_____

ASSOCIATE MEMBER (I do not have a social work degree or diploma but am working as a social worker - please list your academic qualifications and social work experience. Please provide photocopy of your Diploma/Degree/Certificate if applicable) **Fee: \$175.00**

Diploma/Degree	Year Graduated	College/University
1. _____	_____	_____
2. _____	_____	_____
Work Experience	Year(s)	
1. _____	_____	
2. _____	_____	

CORPORATE MEMBER / FRIEND OF THE ASSOCIATION (an individual, organization or business which supports the objectives of the Association of Social Workers) Fee: \$ as negotiated

Name: _____

RETIRED MEMBER (please list your social work credentials; enclose photocopy of Diploma or Degree) **Fee: \$50.00**

Diploma/Degree	Year Graduated	College/University
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you been / are you now a member of a Provincial/Territorial Association of Social Workers?

No _____ Yes _____ Organization: _____

May we contact the Association to discuss your application? Yes _____ No _____

Has a social work association or other professional association ever disciplined you?

No _____ Yes _____ (Please note, a positive response to this question does not automatically disqualify an applicant from membership)

Details: _____

Do you currently have a membership in any other professional or regulatory body?

Name of Organization _____

____ I agree to inform the Association of Social Workers in Northern Canada of any change in my membership status.

____ I hereby acknowledge and agree to adhere to the Social Work Code of Ethics as published by the Canadian Association of Social Workers, 2005.

Signature

Date

Membership fee enclosed: \$ _____

MAIL TO:
Association of Social Workers in Northern Canada
P.O Box 31006
Whitehorse, Yukon
Y1A 5P7
Or via e-mail to: ed@socialworknorth.ca

Note: payment can be made via e-transfer or cheque. Thank you.