



Association of Social Workers
in Northern Canada

MEMBERSHIP RENEWAL APPLICATION

Member Number: _____

Circle Ms.
Miss. Mrs.
Mr. Dr.

Please print Full Name

Home Address: _____

City/Town: _____ Postal Code: _____

Employer: _____

Address: _____

City/Town: _____ Postal Code: _____

Job Title: _____

Home Phone: () _____ Fax: () _____

Work Phone: () _____ Fax: () _____

E-mail: _____

I am applying for renewal of my membership in the following Category:

FULL MEMBER	Fee:	\$175.00
STUDENT MEMBER	Fee:	\$0.00
ASSOCIATE MEMBER	Fee:	\$175.00
RETIRED MEMBER	Fee:	\$50.00

Signature

Date

Membership fee enclosed: \$ _____

P.O Box 31006
Whitehorse, Yukon
Y1A 5P7

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.

**P.O Box 31006
Whitehorse, Yukon
Y1A 5P7**