



Application for Student Membership

Please complete each section.

Surname:

Given Name:

Initials:

Mailing Address:

Phone number (Home):

(Office):

Email Address:

Background:

Name and location of University

Degrees obtained

Date(s)



Workplaces:

Name and location of present workplace(s)

Position Held

Date(s)

Application:

I hereby apply for registration as a **student member** of the New Brunswick Association of Social Workers. If accepted for membership, I agree to abide by the Act, the Code of Ethics and Bylaws of the Association and as far as may be in my power to promote the objectives of the Association.

Date:

Signature:

When available, I would prefer receiving material written in: **English**

French