



**Member Application Form**

Please complete each section.

If more than one year has passed since you received your degree, please attach a copy of your C.V. (resume).

First Name:

Last Name:

Previous names (if applicable):

Date of birth (day/month/year):

Mailing Address:

Phone number (Home):

(Office):

(Cellphone):

Email Address:

**Background:**

Name and location of University:

Degrees obtained:

Date(s):

Name and location of present workplace(s):

Position(s) Held:

Date(s):

Citizenship (select one):

I am a resident of Canada

I am entitled to be a resident of Canada

Other (please specify):



**Application:**

Are you currently or have you ever been a member of a regulatory body(ies) and/or association(s) of social workers in another province(s) or country?:

Yes                      No

If yes, please indicate which one(s):

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

**Fee:** Application must be accompanied by Application fee of \$100.00 (non-refundable)

**Declaration and authorization:** I declare that all the information provided is accurate: I understand that a false or misleading statement, representation or declaration in connection with this application is cause of rescission and/or revocation of my registration with the NBASW.

I hereby apply for Registration as a 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 will as far as may be in my power to promote the objectives of the Association.

Signature:

Date: