



**Student Membership Application**

Please complete each section.

First Name:

Last Name:

Initials:

Mailing Address:

Phone number (Home):

(Office):

(Cell):

Email Address:

**Background:**

Name and location of University:

Degrees obtained:

Date(s):

Expected graduation date from social work program (day/month/year):



**Workplaces:**

Name, tel. #, 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.

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

Signature

Date

Please submit the completed application form to [nbasw@nbasw-atsnb.ca](mailto:nbasw@nbasw-atsnb.ca)