

NEW BRUNSWICK ASSOCIATION OF SOCIAL WORKERS

APPLICATION FOR REGISTRATION

(PLEASE COMPLETE EACH SECTION. IF YOU ARE NOT A RECENT GRADUATE,
PLEASE ATTACH A CV OR WORK HISTORY)

SURNAME: _____ NAME: _____ INITIAL: _____

MAILING ADDRESS: _____

PHONE: (Home) (____) _____ (Office) : (____) _____

E-MAIL ADDRESS: _____

BACKGROUND:

<u>Name and location of University</u>	<u>Degrees obtained</u>	<u>Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Name , location of present workplace</u>	<u>Position Held</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

APPLICATION:

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 By-laws of the Association and as far as may be in my power to promote the objectives of the Association.

Date: _____ Signature: _____

Have you ever been a member of a regulatory body(ies) and/or association(s) of social workers in another province(s)? 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 \$60.⁰⁰ (non refundable)

MAIL TO: N.B.A.S.W.
P.O. Box 1533, Station A

STREET ADDRESS: N.B.A.S.W.
403 rue Regent, Suite 100

Fredericton, NB E3B 5G2

Fredericton, NB E3B 3X6

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October 2006