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New Brunswick Association of Social Workers  
Association des Travailleurs Sociaux du  
Nouveau-Brunswick *Incorporated 1965 Incorporée*

**APPLICATION FOR REGISTRATION**  
**STUDENT MEMBERSHIP**

(Please complete each section)

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ INITIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ Office) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**BACKGROUND:**

<u>Name and location of University</u>	<u>Degrees</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORKPLACE(S)**

<u>Name, location &amp; telephone #</u>	<u>Positions held</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 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: \_\_\_\_\_

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

**MAIL TO:** N.B.A.S.W.  
P.O. Box 1533, Sta. A,  
Fredericton, NB E3B 5G2

**STREET ADDRESS:** N.B.A.S.W.  
403 Regent Street, Suite 100  
Fredericton, NB E3B3X6