



Member Application Form
Social Work Student Membership Application

PLEASE COMPLETE EACH SECTION

First Name: _____ Last Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____
Email: _____
Phone number : _____

1. I would like to be aware of the following regional chapter's social work news and events:

Chaleur
Charlotte County
Edmundston/Grand Falls
Fredericton
Miramichi
Moncton
Restigouche
Saint John
Sussex
Woodstock
Acadian Peninsula

I reside outside of NB, but am a resident or am entitled to be a resident of Canada

2. For demographic purposes, I wish to be identified as a:

Man
Woman
Prefer not to be identified as either / Prefer not to say

3. Year of birth: _____

4. When available, I would prefer receiving material written in:

English
French

5. I am:

Unilingual English
Unilingual French
Functionally Bilingual (1st language English)
Functionally Bilingual (1st language French)
Fluently Bilingual (1st language English)
Fluently Bilingual (1st language French)



6. I have professional competency in the following additional language(s):

EDUCATION:

7. Please indicate any diplomas or degrees you previously obtained.

Level (Diploma/Bachelor/Master)	Discipline	Training Institution	Graduation Year	Province / Country

8. I am currently enrolled in the following program:

Accredited Bachelor of Social Work

Accredited Master of Social Work

9. I am currently enrolled in the accredited social work program at the following university:

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

DECLARATION :

I hereby apply for registration as a **social work student member** of the New Brunswick Association of Social Workers. I understand student membership becomes null and void upon graduation of the indicated program. If I enroll in a Masters of Social Work program immediately following graduation, I understand I must inform the NBASW in order to extend my student membership. If accepted for membership, I agree to abide by the Act, the Code of Ethics and By-laws of the NBASW and as far as may be in my power to promote the objectives of the NBASW.

Signature : _____ Date : _____

PLEASE SUBMIT THE COMPLETED FORM DIRECTLY TO NBASW BY:

- Email: sebastian.gomez@nbasw-attsnb.ca subject : Social Work Student Member Application
- Fax: 506 457-1421; or
- Mail: The Registration Officer RE: Social Work Student Member Application
New Brunswick Association of Social Workers
P.O. Box 1533 Station A
Fredericton, NB
E3B 5G2