



NATIONAL  
ORGANIZATION  
OF FORENSIC  
SOCIAL WORK

www.nofsw.org Ph: (608) 561-2997  
498 184<sup>th</sup> St. Osceola, WI 54020

## MEMBERSHIP APPLICATION

(Please print clearly)

**NAME:** (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_ Home/Evening PHONE: (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Agency/Employer Name:** \_\_\_\_\_

### Academic Background

DEGREE	INSTITUTION AND LOCATION	Year Graduated

**Professional Experience** -- show most recent or **current** experience (Full, Allied and Associate members, please include a copy of your resume or CV)

Employer/Agency and Location	Position	From --- To

Area of practice or specialization: \_\_\_\_\_

**Current S.W. License/Registration ID #:** \_\_\_\_\_ **State:** \_\_\_\_\_

Ever been censured or lost license?  No  Yes (If Yes, please attach explanation.)

### TYPE OF MEMBERSHIP (Please Check Appropriate Category)

**Full Member** -- \$125.00/year (M.S.W. and 3-years, post-graduate forensic social work experience)

**Associate Member** -- \$115.00/year (Forensic Social Work experience)

**Allied Professional Member** -- \$115.00/year (Professional interest in Forensic Social Work)

**Student** -- \$40.00/year (Full-time social work student)

**Retiree** -- \$50.00/year (Retired social work practitioner)

**Organizational** - \$1000/year (includes up to 10 memberships that can be applied to agency staff – please contact the NOFSW office for additional information)

**Send application along with payment to the above address. Please make checks payable to: "NOFSW"**

Credit Card: **Visa** or **MasterCard** Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Billing Address: \_\_\_\_\_ CSC/CCID Code on back: \_\_\_\_\_

**I agree to allow NOFSW to publish the above information in its Directory and other official material.**

**I agree to abide by the NOFSW Code of Ethics in my professional practice.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_