

# National Organization of Forensic Social Work

## 2018 Annual Conference

### ***Student Member Volunteer Registration Form***

The 2018 Annual Conference will be held at the Hyatt Centric French Quarter in New Orleans, LA June 19-22, 2018. To be a volunteer:

- Join NOFSW as student member (See attached membership form)
- Attend the one hour training session on first morning of your attendance
- Agree to work registration and as a workshop monitor at the conference as assigned
- NOFSW will waive the registration fee for the conference (this does not include the Tuesday Pre-Conference Certificate Program).

Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email to: [jim.campbell@nofsw.org](mailto:jim.campbell@nofsw.org).

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## MEMBERSHIP APPLICATION

(Please print clearly)

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

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

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

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

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

Employer Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_ **Work/Day PHONE:** (\_\_\_\_) \_\_\_\_\_

**Mail Correspondence to:** \_\_\_ Home Address \_\_\_ Prof. Address **FAX:** (\_\_\_\_) \_\_\_\_\_

**Academic Background** (Student Members: please include a copy of your class schedule to verify status)

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)

**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** \_\_\_\_\_