

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: nofsw@nofsw.org.

National Organization of Forensic Social Work

Email to: nofsw@nofsw.org.
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 _____