



Saskatchewan Association of Social Workers

Edna Osborne House
2110 Lorne Street
Regina, SK S4P 2M5
Phone: (306) 545-1922 Toll Free: 1-877-517-7279
Website: www.sasw.ca

Application for Student Membership

Membership Criteria – Students

A person who is attending at least **one class** for credit towards a certificate or degree in Social Work and is **not** eligible in any other category, may apply to be a student member of the **Saskatchewan Association of Social Workers** by:

- ◆ Completing the student membership application and forwarding it to the SASW Office;
- ◆ Submitting a cheque/money order for the appropriate fee with your application;
- ◆ **Providing verification of current registration** in at least one class in a Faculty of Social Work;
- ◆ Signing the Declaration on this application form.

2012 Fee Schedule

January 1 st - December 31 st	\$58.00
Fall semester only	\$20.00

1. IDENTIFYING INFORMATION

Male Female

Surname: _____ First: _____ Initial: _____

Home Address: _____
(STREET) (CITY/TOWN) (POSTAL CODE)

Home Phone: _____ Home Fax: _____ E-mail: _____

2. GEOGRAPHIC LOCATION TO SASW BRANCHES

SASW has branches located throughout Saskatchewan. Please indicate which branch would be located nearest you.

- Swift Current Prince Albert Regina Southeast
 Saskatoon Northeast Yellowhead East (Yorkton)

For SASW Office Use:

Date Received: _____

Date Approved: _____

Fee Paid: _____

Registrar's Initials: _____

Receipt Number: _____

Membership Number: _____

3. STUDENT VERIFICATION

Program Enrolled In: _____ Institution: _____

Year of Study: _____ Student Number: _____

Please provide verification of current registration from the Faculty of Social Work that you are taking at least ONE social work class.

4. COMMITTEE/BRANCH WORKWould you be willing to support SASW by serving in the following ways: **o Yes o No**

- | | | |
|--|---|---|
| <input type="checkbox"/> helping with special events | <input type="checkbox"/> serving on Council | <input type="checkbox"/> mentorship committee |
| <input type="checkbox"/> newsletter committee | <input type="checkbox"/> public relations committee | <input type="checkbox"/> education committee |
| <input type="checkbox"/> social justice committee | <input type="checkbox"/> standards committee | <input type="checkbox"/> professional conduct committee |
| <input type="checkbox"/> discipline resource pool | <input type="checkbox"/> legislative review | <input type="checkbox"/> practice ethics committee |
| <input type="checkbox"/> advocacy task team | <input type="checkbox"/> health care task team | <input type="checkbox"/> scholarship task team |
| <input type="checkbox"/> volunteer development committee | | |

5. CONSENT TO PURSUE APPLICATION FOR MEMBERSHIP

Permission is given to the Registrar of SASW to release and/or request information regarding my application for membership. This consent is given in strictest confidence and is used only in the process of this application.

Signature of Applicant: _____ Date: _____

Please Note:

Payment of the membership fee & the verification of enrollment in a social work class must be submitted with this application.

Processing time is three weeks.