

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.