

Present Employment

Job Title _____

Organization/Employer _____

Mailing Address _____

City/Town _____ **Province** _____ **Postal Code** _____

Phone (____) _____ **Phone 2** (____) _____ **Fax** (____) _____

E-Mail _____

FEE

If you are completing this application, you are applying for student membership only. This does not include the costs for registration as a Registered Social Worker.

You must be enrolled in an accredited social work program to qualify as a student member. If you are a practicing social worker and you qualify for registration, you must complete registration package.

Annual membership fee is **\$75**.

Note: If you plan to practice social work in Alberta, you must complete an application for registration upon completion of your studies.

Payment Options

1. Cheque payable to the Alberta College of Social Workers for the full amount.
2. Visa/MasterCard _____/_____/_____/_____ Expiry Date ____/____

Signature on Card _____

If accepted for student membership in the Alberta College of Social Workers, I agree to abide by the current Social Work Code of Ethics.

Signature

Date

Please return completed application to:

Alberta College of Social Workers
550-10707 100 Avenue NW
Edmonton, AB T5J 3M1

Phone: (780)421-1167
Toll Free (Alberta): 1-800-661-3089
Website: www.acsw.ab.ca

Fax: (780)421-1168
Toll Free (Alberta): 1-866-874-8931
E-Mail: acsw@acsw.ab.ca

A Receipt for income tax purposes will be issued.