

Membership 2023-24

Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/s:\_\_\_\_\_\_\_ Other Professional Affiliations: \_\_\_\_\_\_\_Fluent in other languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NJASSW annual dues run from July 1 to June 30. Dues are $50 dollars for that academic year. If you are a retiree or a student, the rate is only $25 for one academic year. (**Student means taking 12 college credits in the field of Social Work and not working. Retiree means no longer working)**

Please make the checks payable to NJASSW and send dues and application to: NJASSW c/o Natercia Rendeiro, 147 Arlington Drive, Fords NJ 08863. You will receive a membership card; this will be your proof of membership.

Note: You may pay your dues online. Go to the website, njassw.org, enroll using PayPal and print your receipt; that will be your proof of membership. If you Pay by PO, submit your paperwork as instructed but please send a copy of your membership form to the address above.

Questions??? Email: natlcsw@hotmail.com

Check appropriate amount:

\_\_\_\_\_ NJASSW dues $50

\_\_\_\_\_Retiree /Student $25

\_\_\_\_\_ Scholarship Fund

Total Enclosed: $\_\_\_\_\_\_\_\_\_ By check\_\_\_\_\_ PO#\_\_\_\_\_

This is: \_\_\_ A new application, \_\_\_\_\_Renewal, \_\_\_\_ Retiree, \_\_\_\_ Student.

Please volunteer to serve on one of these Committees: \_\_\_Program \_\_\_Membership \_\_\_ Finance \_\_\_\_Website \_\_\_\_Legislative \_\_\_\_ SW of the Year \_\_\_\_ Scholarship.

Please make sure that your email address is legible.

\_\_ Yes, you may include my name on a mailing list provided to other organizations

\_\_\_ No, you may not include my name on a mailing list provided to other organization

Updated: 5/30/23