

CASW Membership Application

To qualify for the individual membership category with CASW you must have a degree from a university program accredited by the Canadian Association for Social Work Education or a degree/diploma which is recognized by the provincial social work regulatory authority for the purpose of social work registration. CASW individual memberships are available only in provinces that do not have a Partner Organization in the CASW Federation (Ontario and Québec).

Membership Categories

- 1. **Affiliate Member** (\$50.00) – Practicing (F/T or P/T) or retired social workers.
- 2. **Student Member** (free) – individuals attending an accredited or recognized social work program in Canada. Student memberships cease at the renewal date following the successful completion of a Bachelor or Master of Social Work.

I am applying to become a CASW:

Affiliate Member Student Member

Contact Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Employment Information

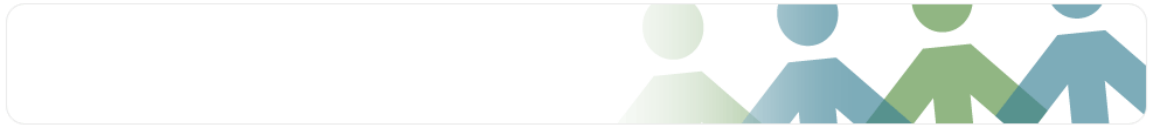
Job Title	
Employer/Agency	
City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Education

Please list only your Social Work credentials (Applicants for Affiliate Membership only):

Degree/Diploma	Year Graduated	Location/Institution

(CASW may request transcripts from the academic institution in which you obtained your credentials.)



Internationally Educated Social Work Applicants Only

I have had my internationally obtained social work education assessed as equivalent to a Canadian BSW or MSW by CASW or another provincially recognized foreign trained assessment service:

- Yes No

If your assessment was provided by a recognized foreign trained assessment service other than CASW, a please provide CASW with confirmation of the results of the assessment with this application.

Student Applicants Only:

I am enrolled in an accredited or recognized social work program in Canada completing a:

- Diploma BSW MSW PhD

Student ID Number	
School/Location	
Year of Study	
Anticipated Year of Graduation	

Languages (other than English)

Written: _____
Spoken: _____

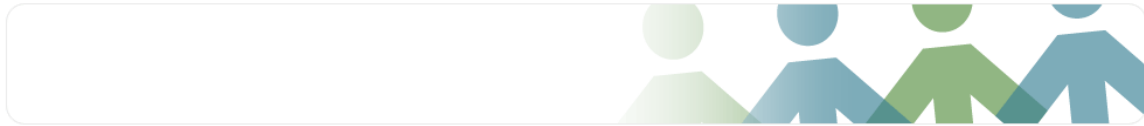
Regulatory Status

Are you a Registered Social Worker in Canada?

- Yes No

Have you in the past been a Registered, Certified, or Licensed Social Worker or other professional in any jurisdiction? Please List:

If so, and if no longer in good standing, please explain



Social Work Practice

What is your main area of practice?

Check more than one if applicable

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| Community Development | <input type="checkbox"/> | Adult Mental Health | <input type="checkbox"/> |
| Child/Youth Mental Health | <input type="checkbox"/> | Disability | <input type="checkbox"/> |
| Child Welfare | <input type="checkbox"/> | Services to Aged | <input type="checkbox"/> |
| Community Living | <input type="checkbox"/> | Justice/Corrections | <input type="checkbox"/> |
| Social Work Education | <input type="checkbox"/> | EAP | <input type="checkbox"/> |
| Health/Medical | <input type="checkbox"/> | Family Services | <input type="checkbox"/> |
| Multicultural Services | <input type="checkbox"/> | Addictions/Substance Abuse | <input type="checkbox"/> |
| Occupational/Industrial | <input type="checkbox"/> | | |
| Other (please specify) | | | |
-

What is your primary activity in your job?

- | | |
|---|--------------------------|
| Management/ Administration /Supervision | <input type="checkbox"/> |
| Planning and Policy Development | <input type="checkbox"/> |
| Teaching and Research | <input type="checkbox"/> |
| Direct Practice | <input type="checkbox"/> |
| Community Development/Outreach | <input type="checkbox"/> |
| Other (please specify) | |
-

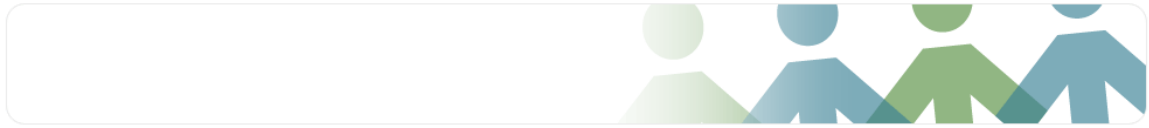
Payment

Please mail this form with your cheque or money order to the following address:

**Canadian Association of Social Workers
383 Parkdale, Suite 402
Ottawa, Ontario, K1Y 4R4**

- Receipts for CASW membership fees paid will be issued for income tax purposes.
- CASW will confirm your membership registration and provide access to the [Member's Site](#) upon acceptance of qualifications and receipt of payment.

Please direct any questions on membership to please contact Sandra.Veilleux@casw-acts.ca or call 1-855-729-CASW (2279).



Declarations

By applying, members agree to uphold and abide by the [CASW Code of Ethics](#) for social workers.

Each month CASW e-mails members updates on CASW operations and advocacy including an e-newsletter and press releases. If you wish to remove your name and address from this mailing list, please check this box:

CASW mailing lists are occasionally used by CASW to advertise services with relevance to social workers (e.g., conference information, professional resources). Please note that member email addresses are never provided to 3rd parties. If you wish to remove your name and address from this mailing list, check this box:

CASW provides a daily media monitoring service of national news relative to the social work profession. If you wish not to add your e-mail address to the *CASW Media Monitoring* distribution list, please check this box:

By signing this declaration, the applicant confirms that all information provided in this application is factual and truthful. The applicant hereby gives CASW permission to contact current and previous regulatory jurisdictions for information regarding regulatory status. Further, the applicant authorizes CASW to verify the educational and employment information filled in above.

Signature of Applicant

Date



<i>CASW Office Use Only</i>	
Date Received:	_____
Date Approved:	_____
Fee Paid:	_____
Approval/Initials:	_____
Renewal Date:	_____