**MEMBERSHIP FORM**

*This is a type in form. Please put your cursor in the blue spaces and type in your responses.*

**New  or Renewal (Only complete sections 1, 2, 4, 5)  (tick one)**

**Membership Year 20**Click here to enter text. **/** Click here to enter text.

**MEMBERSHIP NUMBER:** **(Office use Only)**

## 1. PERSONAL DETAILS:

Surname: Click here to enter text. Given Names: Click here to enter text.

Address: Click here to enter text. Postcode: Click here to enter text.

Contact Numbers: Mobile: Click here to enter text. Private (Optional): Click here to enter text.

Email: Click here to enter text.

**2. PRESENT STATUS EMPLOYMENT/STUDY:**

Full time

Part time

Retired

Employer/Institution: Click here to enter text. Position/Title: Click here to enter text.

Telephone Number/Email: Click here to enter text. Full time: Part Time: Retired:

Student Number: Click here to enter text. Course: Click here to enter text.

## 3. MEMBERSHIP ELIGIBILITY

**Australian Qualifications**

Are you applying for membership on the basis of an Australian qualification? Choose yes/no ***NB if applying for student membership state the expected year of completion and supply a verification statement by an academic staff member that includes your student number.***

If ***Yes***, details of your degree(s):

1. Qualification: Click here to enter text. Year of Degree: Click here to enter text.

Degree Certificate supplied: Choose yes/no

1. Qualification: Click here to enter text. Year of Degree: Click here to enter text.

Degree Certificate supplied: Choose yes/no

## Overseas Qualifications

Are you applying for membership on the basis of an overseas qualification? Choose yes/no

If ***Yes***, please enclose a copy of your degree and other relevant materials, e.g. AASW assessment.

Degree Certificate and supporting information supplied: Choose yes/no

## Prior Membership of AASW

Have you previously been a member of the Australian Association of Social Workers (AASW)? Choose yes/no

Evidence of membership supplied? Choose yes/no If no the reason Click here to enter text.

**4. SCHEDULE OF FEES (GST inclusive)** *Tick the applicable category of membership.*

Full/Fellow $390  Part Time $285  New Graduate $310

Retired $220  Life $0  Student $95

Associate $150  **(Requires AASW Membership and provide documentation - Evidence of Membership supplied)**

Low-Income Earner $310  **(Requires Minimum Wage Statutory Declaration - Evidence supplied)**

**5. METHOD OF PAYMENT** *Tick the preferred category of payment and type in the areas where needed*

The SPSW Inc. offers three types of payments:

## Cheque Payment

Made Payable to the Society of Professional Social Workers

1. **Credit Card Payment**

Card Type: Visa:  Mastercard:

Card Number: Click here to enter text. Expiry Date: Click here to enter text.

Full Name on Card: Click here to enter text. Amount $: Click here to enter text.

1. **Bank Transfer**

SPSW Bendigo Bank Account- BSB: 633 000 Account #:117 424 002

Date: Click here to enter a date. Amount $: Click here to enter text. ***Please include your name as the Reference***

## 6. DECLARATION - ADHERENCE TO CODE OF ETHICS & OBJECTS

1. I have read the Society of Professional Social Worker’s Code of Ethics
2. I have read and understand the Society of Professional Social Worker’s Privacy Statement
3. I am aware there are currently no claims against me

Full Name: Click here to enter text. Date: Click here to enter a date.

Signature: *(Put your electronic signature here or type your name)*

*Thank you for applying/renewing membership of the Society of Professional Social Workers (Inc)*

**CHECKLIST** *Please tick the boxes if completed*

For your new membership application to be processed promptly please:

Complete all sections of the application

Supply supporting documentation of your eligibility for membership

Indicate a method of payment

Complete the declaration of your adherence to the code of ethics, objects of the Constitution and no claims.

PLEASE SEND YOUR COMPLETED **MEMBERSHIP FORM** AND SCANNED SUPPORTING **DOCUMENTATION** TO:

SPSW Executive Officer at [eo@spsw.net.au](mailto:eo@spsw.net.au%20) or post to: SPSW (Inc), PO Box 6573 East Perth 6892.

For all queries call the Membership Secretary on 0417 789 162.