



Society of Professional Social Workers

Society of Professional Social Workers (Inc)

PO Box 6573, East Perth, WA 6892

www.spsw.net.au

ABN 90 404 582 393

MEMBERSHIP FORM

New or Renewal (only complete sections 1, 2, 4 & 5) (tick one)

Membership Year 20__ / __

MEMBERSHIP NUMBER: _____ (Office use Only)

1. PERSONAL DETAILS:

Surname: Given Names:

Mailing Address: Postcode:

Contact Number: Mobile: Work:

Other: Email:

2. PRESENT STATUS

Full time Part time Retired

Employer/Institution:

Position/Title: Telephone Number/Email:

Student Number: Course:

3. MEMBERSHIP ELIGIBILITY

Australian Qualifications

Are you applying for membership on the basis of an Australian qualification? Y/N *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 Year of Degree

Degree Certificate supplied: Y/N

2. Qualification Year of Degree

Degree Certificate supplied: Y/N

Overseas Qualifications

Are you applying for membership on the basis of an overseas qualification? Y/N

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

Degree Certificate and supporting information supplied: Y/N

Prior Membership of AASW

Have you previously been a member of the Australian Association of Social Workers (AASW)? Y/N

Evidence of membership supplied? Y/N

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 with 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 fill in the areas where needed*

The SPSW Inc. offers three types of payments:

1. **Cheque Payment**

Made Payable to the Society of Professional Social Workers

2. **Credit Card Payment** *(NB only available for annual fee payment)*

Card Type: Visa MasterCard

Card Number: Expiry Date:

3 Digit code:

Full Name on Card:

Amount: \$

3. **Bank Transfer** *(NB only available for annual fee payment)*

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

Date: Amount: *Please include your name as the Reference*

6. DECLARATION - ADHERENCE TO CODE OF ETHICS & OBJECTS

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

Full Name: Date: Signature:

Thank you for your interest in the Society of Professional Social Workers (Inc)

CHECKLIST *Please tick the boxes when completed*

For your application to be processed promptly please:

- Complete all relevant sections of the application
 Supply supporting documentation of your eligibility for membership
 Indicate a method of payment
 Complete the Declaration of Adherence to the code of ethics, objects of the Constitution and no claims declaration.

PLEASE SEND YOUR COMPLETED **MEMBERSHIP FORM** AND SCANNED SUPPORTING **DOCUMENTATION** TO:
the Secretary at secretary@spsw.net.au or post to: SPSW (Inc), PO Box 6573 EAST PERTH WA 6892