



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 \$440 Reduced Fee \$285
 Life \$0 Student \$ 50
 Associate \$150 (Requires AASW Membership with documentation - Evidence of Membership 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