

Canadian Society for Spirituality and Social Work  
[www.spiritualityandsocialwork.ca](http://www.spiritualityandsocialwork.ca)

**APPLICATION FOR MEMBERSHIP**

Type of Membership: (check one)      Full Member ( )      Student Member ( )

Last NAME: \_\_\_\_\_ First NAME: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal Code/ZIP: \_\_\_\_\_

PHONE: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Educational Background:**

University	Degrees obtained	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Employment Background:** (most recent)

Organization and address	Position held	Date
1. _____	_____	_____
2. _____	_____	_____

**Professional Affiliation:** If applicable, identify the provincial or state association or college of social work of which you are a member?

\_\_\_\_\_

I hereby apply to become a member of the Canadian Society for Spirituality and Social Work. If accepted for membership, I agree to support the Vision and Mission, and By-laws of the Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FEE: Complimentary at present