

Canadian Society for Spirituality and Social Work
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