



National Association of Puerto Rican  
Hispanic Social Workers, Inc.  
P. O. Box 651 • Brentwood • NY 11717  
Phone & Fax: 631-864-1536  
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Web Page: www.naprhsww.com

## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

Please circle: BSW, MSW, ACSW, DSW, PhD, Other (specify)

TEL (        ) \_\_\_\_\_ FAX (        ) \_\_\_\_\_

CELL (        ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

BEEPER (        ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

EDUCATION (Includes Schools, Past/Present, Degrees, Licenses, Certificates, Dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGENCY WHERE EMPLOYED OR WHERE ATTENDING SCHOOL \_\_\_\_\_ EXPECTED YEAR OF GRADUATION \_\_\_\_\_

TEL (        ) \_\_\_\_\_ FAX (        ) \_\_\_\_\_

PRESENT POSITION OR FIELD PLACEMENT \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

DUTIES \_\_\_\_\_

**COMMITTEE INTEREST** (more than one may be selected)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Newsletter       | <input type="checkbox"/> Aging              | <input type="checkbox"/> Special Education | <input type="checkbox"/> Health/Mental Health |
| <input type="checkbox"/> Recruitment      | <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Program Planning  | <input type="checkbox"/> Children             |
| <input type="checkbox"/> Speaker's Bureau | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Other             |   |

**DUES** Please enclose your check with the membership application or you can pay online at [WWW.NAPRHSW.COM](http://WWW.NAPRHSW.COM).

- \$50.00 Regular Membership**
- \$20.00 Student Membership** – Individuals enrolled in an undergraduate or masters level program of studies in social work or human services.
- \$35.00 Senior Citizen Membership**
- \$250.00 Corporate Membership**

I hereby agree to abide by the governing rules and regulations established by the National Association of Puerto Rican/Hispanic Social Workers, Inc.

SPECIAL INTEREST \_\_\_\_\_

ETHNICITY \_\_\_\_\_

PRIVATE PRACTICE \_\_\_\_\_

**TO PRACTITIONERS** Do you want to be included in a provider list?

Consent to release name and address for networking purposes (please check one)     YES     NO

**CHECK ONE**     New Member     Renewed Membership

\_\_\_\_\_  
Signature of Applicant/Date