



# Association of Black Social Workers Membership Application

1018 Main St., Dartmouth, N.S. B2W 4X9

**Personal details:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Education:**

Level of Education: \_\_\_\_\_  
Name of college/university: \_\_\_\_\_  
Date of last degree: \_\_\_\_\_

**Employment**

Current job position: \_\_\_\_\_  
If unemployed last position: \_\_\_\_\_  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date employed: \_\_\_\_\_

Employment Status    Casual     Term     Permanent     Retired   
                                 Full Time     Part Time     Unemployed

**Specialty/Area of Interest:**

Children & Family	<input type="checkbox"/>	Seniors	<input type="checkbox"/>
Youth	<input type="checkbox"/>	Social Justice	<input type="checkbox"/>
Health	<input type="checkbox"/>	Other/indicate	<input type="checkbox"/>
Legal	<input type="checkbox"/>		

**How did you hear of ABSW:**

Colleague     Name: \_\_\_\_\_  
Website   
Event     Indicate: \_\_\_\_\_  
Other.     Indicate: \_\_\_\_\_



**Personal Statements:**

Please respond to the following questions. Use a separate page if required.

1. Why do you want to become a member of ABSW?

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2. What do you know about ABSW?

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3. What can you contribute to the work of ABSW?

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4. What are your expectations your ABSW membership?

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**Criteria:**

**Regular/Licensed member** - ABSW requires that in order to be a ‘Regular/licensed’ member, you must be registered with a provincial Association of Social Workers (i.e. NS College of Social Workers) and adhere to a provincial or CASW Code of Ethics.

**Associate/Corresponding member** – Individuals who reside out of the Halifax Regional Municipality therefore cannot attend meetings on a regular basis; or

- Individuals who do not have a social work degree, but are employed in the social service field.

**Student member** – Individuals who are in post-secondary, in a recognized Bachelor of Social Work education program on a full or part time basis.

All ABSW members must adhere to the objectives of ABSW (*appendix A*).



**Type of Membership:**

- Regular/Licensed: \$75.00 annually
- Associate/Corresponding: \$65.00 annually
- Student: \$20.00 annually
- Retired/Senior \$50.00 annually

Provincial Social Work Association Name: \_\_\_\_\_  
 Registration number: \_\_\_\_\_

Completed applications, with supporting documents, should be forwarded directly to ABSW ~  
 Attention: Membership Chair via email @ [nsabsw@gmail.com](mailto:nsabsw@gmail.com)

**PLEASE NOTE:** Completed applications will be reviewed by the Membership Committee who will then present your application at the next ABSW meeting. Your application will be reviewed and voted upon. You will be advised of the outcome before the next ABSW meeting. If supported you will be invited to come to the next ABSW meeting, with the required membership fee.

**Payment Options** - Cash, Money Order, Cheque, E-transfer to ([nsabsw@gmail.com](mailto:nsabsw@gmail.com)) Question: What is the name of the organization? (Password: absw and the year).

(Please make cheques payable to the Association of Black Social Workers)

<b>ABSWS USE:</b>	Date: _____
Amount of Fee Paid: _____	Method of Payment: Cash <input type="checkbox"/>
Cheque <input type="checkbox"/> Type & #: _____	Money Order <input type="checkbox"/> E-Transfer <input type="checkbox"/>

**Required Documents:**

- Resume
- Recent Criminal Record Check\*  Required every three years
- Recent Child Abuse Registry form\*  Required every three years
- References (any 2 of the following)
  - One community
  - One Academic or Employer
  - One work related

\*Required for non-licensed Social and Social Service Workers



I \_\_\_\_\_ confirm that the information contained in this  
ABSWS Membership application is true.

Signature: _____	Date: _____
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**Member Expectations**

**ABSWS Members are to:**

- 1) Adhere to the objectives of ABSWS;
- 2) Adhere to the By-laws of ABSWS;
- 3) Attend ABSWS meetings;
- 4) Actively participate on an ABSWS sub-committee;
- 5) Contribute a min. of 40 hours of volunteer with ABSWS annually (includes meeting hours).

**Appendix A**

**THE OBJECTIVES OF ABSWS ARE AS FOLLOWS:**

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- a. To provide education by providing courses, seminars, and workshops about social work-related projects and programs geared towards persons of African descent.
  - b. To advance education by providing scholarships, bursaries, awards and other forms of financial assistance to persons of African descent enrolled in a social work degree program.
  - c. To do all such other things as are incidental and ancillary to the attainment of the foregoing objectives.

<b>Approved:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>Date:</b> _____
<b>Signature:</b> _____	