



Please check:

New _____

Renewal _____

Date _____

INSTITUTIONAL MEMBERSHIP APPLICATION 2010

(Membership is based on the calendar year.)

Institution: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country _____

Contact Person _____

Title: _____

Phone (____) _____ Fax (____) _____

E-mail _____ @ _____

Website: _____

Dues Structure (All dollar amounts are in U.S. currency)

SOCIAL WORK SCHOOLS AND DEPARTMENTS ANNUAL DUES

Fifteen or more faculty: \$500

Fourteen or fewer faculty: \$250

SOCIAL WORK AGENCIES AND SOCIAL WORK DEPARTMENTS ANNUAL DUES

Twenty-five or more social work staff: \$500

Twenty-four or fewer social work staff: \$250

Total Amount Due (in U.S. Currency)

Payment made by check (payable to AASWG, Inc.) \$ _____ money order \$ _____ credit card \$ _____

We Accept: VISA & MasterCard Only

Name of Card Holder (print) _____

Card Number _____ - _____ - _____ - _____ **Exp. date** ____/____

CVV Number is **required** ____ (The CVV is the 3 digit number on the sig line on the back of the Visa or MC card)

Amount \$ _____ (US dollars) **Authorized Signature** _____

Billing Street Address & Zip Code _____

Charges will clear under the name AASWG, Inc. This is the name that will appear on your statement

Return your completed application and payment to:
AASWG Membership Service, c/o Hunter College, SSW
129 East 79th Street, Room 526-DMS
NY, NY, 10075
or e-mail to: membership@aaswg.org

THANK YOU!