

BROWARD COUNTY SCHOOL SOCIAL WORK ASSOCIATION
Membership Application Form
Valid only for current school year / date of completion

Today's Date

First Name, Last Name

E-Mail Address

Street Address, (Suite/Apt)

Work Location

City/Zip

Dept. Name

Phone Cell

Dept. Phone #1

Phone Home

Dept. Phone #2

Please check appropriate option(s):

New Member

Renewal

Please check the committee(s) that you would like to participate in this year:

Conference & Professional Development Committee
Public Relations Committee
Legislative Committee

Check Enclosed:

\$25.00 PROFESSIONAL MEMBERSHIP

\$15.00 STUDENT or ASSOCIATE MEMBERSHIP

Please make check payable to:

Broward County School Social Work Association

Return this form and endorsed check to:

BCSSWA c/o Treasurer
Student Services Office
1400 NW 14th Court
Fort Lauderdale, FL 33311