

Mi'kmaq Wolastoqiyk Association of Social Workers

Expression of Interest for Membership Form

Only use this application form if you have obtained:

- a degree in social work from a social work program accredited by the Canadian Association for Social Work Education;

OR

- a degree from a social work program offered at a Association or university in the United States and accredited by the Council on Social Work Education (U.S.A.) as a baccalaureate or master's level social work degree program;

PLEASE READ THE REGISTRATION GUIDE BEFORE COMPLETING THE APPLICATION FORM

- Complete all sections of the Registration Form. If a section is not applicable, indicate N/A.
- Submit the completed and signed application to Ms. Sandra Germain directly or at:

2 Dundee Road, Listuguj, QC, G0C 2R0 – sgermain@nbnet.nb.ca – f. 418.788.8151

TYPE OF MEMBERSHIP

Mi'kmaq Wolastoqiyk Social Worker

Other First Nation Social Worker

Non-Indigenous Social Worker Working in a First Nation Community

Other/Friend

1. Personal Identification:

Print your name exactly as you wish it to appear on your certificate of registration. This is the name that will be on the register of members of the Mi'kmaq Wolastoqiyk Association of Social Workers.

Surname _____

First Name _____

Middle Name _____

Previous Name(s) _____

Mi'kmaq Wolastoqiyk Association of Social Workers

Date of Birth: DAY | MONTH | YEAR Male Female

2. Address and Contact Information

Street: _____ Apt: _____

Post Office Box: _____ City: _____

Province/State: _____ Postal Code: _____

Home Telephone: (____) _____ Home Fax: (____) _____

E-mail: _____ Cellphone (____): _____

5. First Nation Citizenship

I am a: Mi'kmaq Wolastoqiyk Other _____

6. First Nation Community _____

7. Declaration and Authorization

I declare that all the information and material provided is accurate. I understand that a false or misleading statement, representation or declaration in this application is cause for revocation of my membership with the Mi'kmaq Wolastoqiyk Association of Social Workers.

I agree to notify the Association in writing within 30 days of any change(s) to any information contained on this form.

Print Name: _____

Signature: _____ Date: _____