

ASSOCIATION OF BLACK SOCIAL WORKERS

Of Greater Los Angeles

OFFICE LOCATION: 7100 S. WESTERN AVE., LOS ANGELES, CA 90047
PHONE: (213) 752-0223

PLEASE READ

HELLO NEW and RENEWING MEMBERS:

OUR MEMBERSHIP FORM HAS BEEN REVISED. THIS NEW FORM PROVIDES AN OPPORTUNITY FOR YOU TO SELECT THE PROGRAMS AND SERVICES THAT YOU FEEL ARE NEEDED IN OUR COMMUNITY. YOUR FINANCIAL SUPPORT OF OUR MENTAL HEALTH AND HOMELESS PROGRAMS WILL ENSURE THEIR EFFECTIVE IMPACT ON OUR MEN, WOMEN, ADOLESCENTS, AND CHILDREN WHO ARE DISENFRANCHISED AND VULNERABLE. STUDENTS WILL BE ABLE TO REALIZE THEIR DREAM OF BECOMING SOCIAL WORKERS AND GIVE BACK TO THE COMMUNITY WITH YOUR DONATION TO THE ABSW FOUNDATION INC. SCHOLARSHIP PROGRAM, AND COMMUNITY FORUMS AND ACTIVITIES. GETTING THE WORD OUT ABOUT THESE SERVICES THROUGH P.R. AND MARKETING IS ESSENTIAL. LASTLY, MAINTAINING THE OPERATIONS OF OUR HEADQUARTERS WILL INSURE A PERMANENT LOCATION FOR THESE PROGRAMS AND SERVICES. YOUR GENEROSITY IN OUR EFFORTS IS MOST APPRECIATED.

SINCERELY,

ABSWGLA and ABSW FOUNDATION INC.

Notice to Members: Donations to the ABSW Foundation are tax deductible as charitable donations. Donations to ABSWGLA are not tax deductible as charitable donations but may be deductible as trade and necessary business expenses if ordinary and necessary in the conduct of the taxpayer's business.

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MEMBERSHIP APPLICATION

Please complete and return with your check, payable to **ABSWGLA**, to the above address.

Please Note: Members of ABSWGLA and the NABSW must be African American and/or of African Descent. Your membership card will be sent to you by the National office. Thank you.

PLEASE ENCLOSE CHECK/MONEY ORDER IN ONE OF THE FOLLOWING AMOUNTS:

Regular \$150 Student \$50 *

* Students please provide proof of full-time enrollment (12 Units)

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home Number () _____ Cell Number () _____

E-mail _____

Employment and Position _____

School _____ Year of expected graduation _____

(For Office Use Only)

Date Received _____	Membership Card <input type="checkbox"/>	WPP <input type="checkbox"/>	
Dues Paid <input type="checkbox"/> check# _____	Data Entry <input type="checkbox"/>	WFC <input type="checkbox"/>	

ASSOCIATION OF BLACK SOCIAL WORKERS OF GREATER LOS ANGELES MEMBERSHIP PROFILE AND RESOURCE DEVELOPMENT SURVEY

In an effort to remain familiar with the wealth of skills and expertise among our Chapter's individual members, we would like for you to complete this brief survey. This information is for the exclusive use of this Chapter, and will assist us, now and in the future, in the development of a *Chapter Resource Reference*.

Name of Agency _____

Address _____

City _____ State _____ Zip Code _____

Telephone: () _____ Fax: () _____

Pager: () _____ Cell: () _____

E-mail: _____

Briefly Describe Your Job Title: _____

Degree(s): _____

License(s): _____

Area(s) of Expertise/Other Skill(s): _____

Chapter / State / National Office(s) Held (previous and current): _____

Community / Professional Organizational Experience(s): _____

*Thank you for being part of the **ABSWGLA TEAM!***

How did you hear about us? *Please check all that apply:*

Work Flyer _____ Event _____ Co-Worker _____ Radio _____ Other _____

ASSOCIATION OF BLACK SOCIAL WORKERS OF GREATER LOS ANGELES

ANNUAL DUES

Regular \$ _____ \$150.00
 Student \$ _____ \$ 50.00

Tax Deductible Contributions*

ABSW Foundation Inc. 501(c)(3) - (suggested amounts)

Annual Scholarship Program \$ _____ (\$50.00)*
 Community Forum \$ _____ (\$20.00)*
 Community Support Activities \$ _____ (\$20.00)*

ABSW Programs - (suggested amounts)

Homeless Programs \$ _____ (\$10.00)
 Mental Health Outreach \$ _____ (\$10.00)
 Operations \$ _____ (\$20.00)
 Public Relations and Marketing \$ _____ (\$15.00)

TOTAL \$ _____

Please consider giving a monthly, reoccurring donation to ABSWGLA by using your credit card (The charge will be automatically debited from your card until you advise us to cease)

\$10.00 _____ \$25.00 _____ \$50.00 _____ \$75.00 _____ \$100 _____ Other \$ _____

Name of Credit Card _____ Name on Credit Card _____

Credit Card # _____ Expiration Date _____

Cardholder signature _____

Matching Gift

Some employers match or double the contributions you make to our organization. Please inquire with them. Please place asterisk (*) next to the total amount if you intend for it to be matched. Note that some employers may only match the tax-deductible amounts indicated above.

Endowments

Please consider leaving ABSW and ABSW Foundation a gift through your will or trust. You may contact ABSWGLA for more information at (323) 752-0223.

PLEASE MAIL THIS FORM & CHECK PAYABLE TO ABSW-GLA
7100 S. WESTERN AVE., LOS ANGELES, CA. 90047

THANK YOU!