INDIVIDUAL MEMBERSHIP APPLICATION FORM

(Only professionally qualified persons in social work are eligible to apply for membership. Attach a self attested copy of certificate)

Name:

Education in Social Work: Yes/No.

Category of membership: Life/Associate/Student/Sr Citizen

Degree: DSW/BSW/MSW/MA (SW)/Any other…. (Attach certificate)

University…………………………………………. State…………………………………

Permanent Address …………………………………

……………………………………………………

……………………………………………………

Address for Communication ……………………………

……………………………………………………

Phone work……………………………… Mobile………………………………

Phone home……………………………… E-mail………………………………
Cheque Details:
(a) Amount (Rs.) …………………… (b) Cheque No. …………………………..
(c) Name of the Bank ……………………………………… (d) Date………………

Membership Fees
i) Life (individual) : Rs. 1000/-
ii) Life (institutional) : Rs. 10,000/-
iii) Senior citizen : Rs. 250/-
iv) Student member:
   (a) Diploma student : Rs. 100/- (for one year)
   (b) BSW students : Rs. 200/- (for three years)
   (c) MSW students : Rs. 300/- (for two years)

Place:

Date: Signature of applicant

Note:
• All applications for membership shall be disposed by the Governing Body as per guidelines framed. The governing body has the right to change membership fees as and when required for new membership.
• Fees are to be paid through cheques of banks having national operation drawn in favour of NAPSWI.
• Students must attach a self-attested copy of the student identity card or apply through the principal/head of the department.

(For office use only)
Details provided in membership form are found/not found in accordance with the rules of membership. Mr./Ms./Dr./Prof.……………………………………may be granted/not granted membership of NAPSWI.

Secretary Convener, Membership Committee

Membership No.

Membership card issued on.
MEMBERS PROFILE

1. Name: ..............................................................................

2. Address: .................................................................
..............................................................................
..............................................................................

3. Phone: .............................................. Email.................................

4. Age: Below 20 years/20-30/31-40/41-50/51- 60/above 60 years

5. Gender: Male/Female

6. Profession: Educator/Practitioner

7. If practitioner area : Health/education/correctional labour welfare /community work/administration/another

8. Designation: ...........................................................


10. Salary (Per annum): Below 50,000/-50,000-1 lakh/1-2 lakh/2-3 lakh/3-4 lakh/4-5 lakh/5 lakh and above

11. Major Contributions
   i).................................................................
   ii).................................................................
   iii).................................................................
   iv).................................................................

12. Major areas of expertise
   i).................................................................
   ii).................................................................
   iii).................................................................
   iv).................................................................

Place:

Date:......................................................Signature