

BROWARD COUNTY SCHOOL SOCIAL WORK ASSOCIATION
Membership Application Form
Valid from August 2016 through June 2017 School Year

Name _____

Home Address _____

(City/Zip) _____

Home Telephone # _____

Department Name/Work Location _____

Department Telephone # _____

Cell phone # _____

E-Mail Address: _____

New Member

Renewal

Enclosed:

MEMBERSHIP FEE \$25.00

STUDENT MEMBERSHIP \$12.50

Please choose the committee that you would like to participate on:

2017 Conference Committee

Other _____

Make check payable to:

Broward County School Social Work Association

RETURN FORM AND PAYMENT TO: **Sophia Loubeau, Student Services**
(Treasurer, BCSSWA)

For Office Use:

Payment Received _____ Date Received _____

Form of Payment Cash Check#