

njahcsw – **new jersey** association of health care social workers

January - December, 2018 Membership

- New Application**
- Annual Renewal/Information Update**

The New Jersey Association of Health Care Social Workers (**njahcsw**) is a 501c3, not for profit, statewide organization dedicated to the professional development of social workers who practice in the field of health care across the continuum. This is achieved through the provision of quality education, mentoring, consultation and networking opportunities.

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Mailing Address: (Work Home) _____

Phone (Work Home) _____

Cell Phone: _____

Employment Setting

- | | |
|--|--|
| <input type="checkbox"/> Acute Care Hospital | <input type="checkbox"/> Cancer Center |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Continuing Care Community |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Behavioral Health |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Dialysis Center |
| <input type="checkbox"/> Medical Day Care | <input type="checkbox"/> University |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Hospice/Palliative Care |
| <input type="checkbox"/> Subacute Care | <input type="checkbox"/> Other _____ |

Email _____ (IMPORTANT)

Degree: _____

Institution: _____

Referred by: _____

- NASW NJAHCSW Mailing Other

NJ Social Work License or Certification Required for Membership

License # _____ (MANDATORY)

Type: LCSW LSW CSW

Membership Category and Fee

- A) Annual dues \$45.00** (All categories – Full, Transitional, Emeritus)

For NJAHCSW Use Only:

Amount of Dues Received: \$ _____

Date: _____

By: (initials) _____

Sent Acknowledgement Letter: _____ (Date)

On email list: _____ (date)

Please return form with check payable to NJAHCSW to:

NJAHCSW
Box 174
518-7 Old Post Rd
Edison, NJ 08817