**Application for Membership**

**Professional Social Workers' Association (PSWA)**

E-mail: PSWA.office@gmail.com / www.PSWA.org.in

Office: PSWA, C/o MACT, 39/8, Starling Apartments, Akbarabad 2nd Street, Kodambakkam, Chennai - 600024. Tamil Nadu State, India.

*Since 1985*

Tel.: +91-44-24721579. Mobile: 9444020563/ 9092091636.

***KINDLY FILL ALL THE DETAILS IN CAPITAL LETTERS.***

Member Status : Student /Practitioner

*Recent Colour Photo*

*to be pasted and*

*attested by applicant*

*with date*

Membership Type : **Student / Professional**

Name of the Applicant :

Father’s Name (expansion of Initial) :

Date of Birth :

Permanent Address :

Communication Address :

(If different from Perm. Address)

Contact Ph. / Mobile / FAX :

Contact Email :

Year of Passing MSW / MA (SW) :

Specialization (if any) :

College Name & Address :

Other Qualifications (if any) :

Occupation : Self-Employed / Govt. / NGO / Funding Agency/ Academic / Others (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation at work (if any) :

Organization Name / Contact Details :

**Payment Details:**

**Membership Fee *(Tick):*** Rs.100 (Student) / Rs.3000 (Professional\*)

**Mode:** Cash /Cheque /Demand Draft *(Please add Rs.50/- for outstation cheque).*

Payment should be made only in favour of **“Professional Social Workers' Association”** payable at **Chennai**.

***\**** *it is mandatory for Professional Members to renew their membership every five years*

**DECLARATION**

* Enclosed please find a Cheque / DD / Cash for Rs.\_\_\_\_\_\_\_\_\_\_/- (being the membership fee for Student / Professional Membership). The Cheque / DD may be encashed incase my Application is approved by the PSWA, otherwise returned to me for Cancellation. Cheque / DD No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ drawn on Bank & Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby solemnly affirm that I shall abide as per terms & conditions of the Association and to respect the constitution of the PSWA and all the directives issued by the Association from time to time.

**Place:**

**Date: Signature of Applicant**

**Enclosures:**

1. A Recent Passport Size & Stamp Size Photograph for the purpose of issuing Membership Identity Card and Certificate.
2. Self-Attested Copy of MSW / M.A(SW) Degree Certificate / Copy of Student Identity Card (for Student membership).
3. Self-Attested Copy of MSW / M. A(SW) Course Transfer Certificate.
4. Self-Attested Copy of Permanent/Communication address proof with Photo Identification.

**Note: Application to be sent only to Office Address as above.**

 **OFFICE USE ONLY**

The above \_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership Application has been ACCEPTED / REJECTED at the Executive Committee / Office Bearers meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

President, PSWA Secretary, PSWA

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| --- | --- | --- | --- |
| **Application Received Date** |  | **Receipt No.** |  |
| **Membership No.** |  | **Receipt Date** |  |