



Tangata Whenua
Social Workers Association

APPLICATION FOR MEMBERSHIP

TITLE: Mr Mrs Ms Miss Gender: Male Female Date of Birth: _____

Full Name: _____
First Names Surname

Iwi: _____ Hapu: _____

Employer / Organisation: _____ Position: _____

Postal Address: _____

Home Address: _____

Contact Details: Phone: () _____ Mobile: () _____

E-mail: _____

CATEGORIES FOR MEMBERSHIP (please tick)

Tangata Whenua Social Worker Community Work Kaimahi Kaiako Kaumatua Taurira

Qualification / Training / Experience: _____

I enclose \$150.00 for my membership fee / \$40 student. I will pay by electronic banking transfer / please send an invoice (circle the appropriate method).

Tangata Whenua Social Workers Association: Bank Account: 38-9009-0049573-01

All applications for membership shall be made to the; (i) Kahui o Nga Arahi, (ii) endorsed by whanau or members of the Social and Community Work Profession.

*I hereby apply for membership of the **Tangata Whenua Social Workers Association**. Should my application for membership be successful I agree to abide by the Constitution of TWSWA (as amended from time to time) and to pay the annual subscription and any other fees set by the Association. I agree to notify the Association during the term of my membership, if I am convicted of any offence, am granted diversion, or am the subject of any complaint action in respect of my practice as a social / community worker.*

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



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ENDORSEMENT

WHANAU OR MEMBER OF SOCIAL AND COMMUNITY WORK PROFESSIONS:

Name: _____

Applicant: _____

Relationship to Applicant: _____

I hereby endorse this application because:

Signed: _____ **Date:** _____