

KARNATAKA ASSOCIATION OF PROFESSIONAL SOCIAL WORKERS

KAPSW is affiliated to INPSWA which is a member of IFSW, Geneva

4606, 6th Floor, HighPoint IV, Basaveshwara Circle, Palace Road, Bengaluru 560001 Tel 080 22201098 / 9448472513

Membership Application Form

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

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Use CAPITA	<u>letters</u>				
Education in Social Work	DSW	V/ BSW/ MSW/ MA (SW)/ Any other			
University		Year: Y Y Y Y	Y State:		
Address (Residence)			<u> </u>		
			PIN:		
Address (Work)			·		
			PIN:		
Phone:	Ema	iil:	M		
Personal Blog / website:					
Date of Birth	DD	MM YYYY			
Profession		Educator/ Practitioner/ others			
If practitioner, area :		Health/ Education/ Community/ Correctional/ Labour Welfare/ HR/ Administration / Other			
	If ot	hers, specify:			
Designation					
Nature of employment	Gov	t. Sector/ Self employed/ NGO/ Donor Ag	gency/ Corporate / Others		
Major Contributions (Use			ii.		
separate sheet if needed)			iv.		
Major areas of expertise		i. ii.			
•	iii.		iv.		
Any awards or public recog			ı		
Membershi	p Fees (Please	tick the appropriate one) Cheque/DD dra	awn in favour of KAPSW. Bangalore		
- 1.00	,	er - r			
pe of Membership Fees		Graduates of BSW/MSW, DI	D / Ch. No. :		
. Primary Members		attach a self attested copy of Ba	ank:		
1:5 24 1	1 000/				

Life Members В. 1,000/ Students of Social Work C. **Student Members** 200/ Date: attach a self attested copy of Associate members 300/-D. For Rs. the student ID card 2,000/-E. **Institutional Members** Please add Rs.100/- for outstation cheques. For Bank Transfer: Karnataka Association of Professional Social Workers: A/C no: <u>130100301000735</u>; IFSC: <u>VIJB0001348</u>; Bank: Vijaya Bank, Branch: HAL 3rd Stage, Bengaluru

I have gone through the by laws of KAPSW and I adhere to the principles of the Association.

Place: Date: Signature

Note: All applications for membership shall be disposed by the Governing Body. The governing body has the right to change membership fees as and when required for new memberships.

(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 KAPSW.

Secretary / Convener	Membership No:	
Membership Committee	Membership Card issued on	