



North Dakota Conference of Social Welfare 2021 Application for Membership

www.ndcsw.org

(2021 Membership Year 1-01-21 thru 12-31-21)

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| Type of Membership: <input type="checkbox"/> Agency <input type="checkbox"/> Individual <input type="checkbox"/> Student/Retiree <input type="checkbox"/> Lifetime | |
| Name/Agency Name | |
| Title | Job Description <input type="checkbox"/> Social Worker <input type="checkbox"/> Eligibility Worker/ Income Maintenance <input type="checkbox"/> Director/Administrator/ Supervisor <input type="checkbox"/> Board Member <input type="checkbox"/> Student <input type="checkbox"/> Other |
| Home Address | |
| City, State, Zip | |
| Agency Represented | |
| Email Address | |
| County | |
| Are you an agency or vendor requesting a booth? <input type="checkbox"/> Yes <input type="checkbox"/> No (please include \$30 agency membership fee) | |
| Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name? | |

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|---|---|
| Membership Dues: Individual - 2021 \$15.00 Agency* \$30.00 Student/Retiree \$ 7.50 Lifetime Free** | Mail Application and Payment To: Connie Zieske NDCSW Membership Chair PO. Box 2209 Minot, ND 58702 |
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MAKE CHECKS PAYABLE TO:
'NDCSW' or 'NORTH DAKOTA CONFERENCE OF SOCIAL WELFARE'

Note: In order to avoid duplication, if you have transferred from one agency to another, OR if there has been a name change, please indicate this on the application. If you have had any change (employment, address, name, email), please use this form to update the conference membership. If you have already paid your membership, please give this application to someone who may not have one.

*Entitles agency to one vote in conference decisions; supports the goals of the conference; and agency may display a booth at the annual conference for no additional fee. Agency membership does **NOT** replace individual membership.

**Eligible for free membership after 30-year award is received.