

SSWAM 2014 Membership Registration

Full Name: _____ D.O.B: _____

Address: _____

E-mail Address: _____

Phone Number: _____ Off-Campus/On-Campus: _____

Enrolled Course: _____ Anticipated year of Completion: _____

Would you be interested in joining the SSWAM Executive Committee: _____

If so, in what context: _____

Please circle what topics you are interested in:

Refugees & Asylum Seekers

International Human Rights

Family Violence

Close the Gap

Other: _____

What events would you like to see SSWAM hold this year: _____

Please suggest three ways SSWAM can benefit your Social Work journey:

1. _____

2. _____

3. _____