



MASW/MIRSW ANNUAL RENEWAL FORM
Due JANUARY 1, 2010

A \$25.00 late payment fee will be added to fees not received by January 1, 2010

 Surname Given Name

 Mailing address

 City Province Postal Code

 E-mail address (*Preferred address please*)

 Home phone #

 Cell phone #

 Employer

 Employer address

 Job title

 Work phone #

 Work fax #

PRIVATE PRACTITIONERS ONLY

Is your private practice: full-time [] or part-time []

Areas of practice (*please check all that apply*):

- | | | |
|----------------------------------|------------------------------|---|
| Court-ordered supervision [] | Custody-Access reports [] | Family assessments [] |
| EAP Counselling [] | Trauma/Grief Counselling [] | Addiction counselling [] |
| Family Therapy [] | Play Therapy [] | Individual/couple/group counselling [] |
| Adoptions/home studies [] | Children counselling [] | Sexual Abuse counselling [] |
| Eating disorders counselling [] | Other _____ | |

Do you wish to have your name and contact information available for distribution to individuals or national/international service providers for requests such as contract counselling (RSW's only) Yes [] No []

Private Practice contact information: Phone: _____ Email _____

Do you serve clients in other languages besides English? What are they? _____

EMPLOYER TYPE (*Check ONE only from A-L*)

- A ___ Hospital
- B ___ Educational Institution
- C ___ Non-Profit Community Agency
- D ___ Community Health Organization
- E ___ Self-employed
- F ___ Government
- G ___ Nursing Home/Long Term Care Facility
- H ___ Rehabilitation/Convalescent Centre
- I ___ Private Employer
- J ___ School Social Work
- K ___ Child & Family Services
- L ___ Other _____

Please specify

PRIMARY AREA OF RESPONSIBILITY (*Check all that apply*)

Direct Client Practice

- 1 ___ Victim Services
- 2 ___ Youth Corrections/Services
- 3 ___ Adult Corrections
- 4 ___ Child Protection Services
- 5 ___ Physical/Devel. Disability
- 6 ___ Adoptions
- 7 ___ Alternate Caregiver Services
- 8 ___ Services to seniors
- 9 ___ Addictions
- 10 ___ Career Development
- 11 ___ Community Outreach
- 12 ___ Community Health
- 13 ___ Psychiatric/Mental Health

- 14 ___ Private Clinical Practitioner
- 15 ___ Medical Services
- 16 ___ School Social Work
- 17 ___ Housing Services
- 18 ___ Mediation
- 19 ___ Employee Assistance

Management/Administrative Practice

- 20 ___ Clinical Supervision
- 21 ___ Program/Service Manager
- 22 ___ Social Planning/Policy development
- 23 ___ Social Work Educator/Research
- 24 ___ Community Development
- 25 ___ Executive Management

***Please complete both sides of Renewal Form and the Fee information form.
 Remember to sign and date Page 2 of the Renewal form. Thank you!***

VOLUNTEER FOR MASW/MIRSW (Check if you would like to be contacted)

MASW/MIRSW BOARD OF DIRECTORS []

STANDING/AD HOC COMMITTEES/INTEREST GROUPS: Editorial [] Education/Program []

Complaints (RSW's only) [] Membership (RSW's only) [] Professional Issues []

Professional Consultation [] Social Action [] Health Issues Interest Group []

Children's Issues Interest Group [] Aboriginal Issues Interest Group []

Other (specify interest) _____

EMAIL COMMUNICATION: MASW/MIRSW periodically sends emails to membership with information about MASW/MIRSW and CASW activities and other events, such as workshops, conferences, job listings, etc., that we feel may be of interest to our members. Please let us know if you wish to continue to receive information in this manner or not.

- I wish to continue receiving email communications from MASW/MIRSW []
- I do not wish to continue receiving email communications from MASW/MIRSW []
- I wish to begin receiving email communications from MASW/MIRSW []

(Preferred email address)

Have you been subject to a disciplinary action and/or convicted of a criminal offense in the past 12 months?

Yes [] No []

I hereby authorize MASW/MIRSW to retain personal information about me in an internal database that may be used for future communication regarding activities, benefits and services available to members.

Signature

Date

