



MEMBERSHIP APPLICATION

Please send this completed application to **Florida Society of Oncology Social Workers**

P.O. Box 353486 Palm Coast, FL. 32135

Name: _____

Title: _____ License # _____

Preferred Email Contact: _____

Preferred Mailing Address: _____

City/State: _____ Zip: _____

Preferred Phone: _____

Employer: _____

Which Region/Area is closest to your location?

- NW Region (Panhandle, Tallahassee)
- NE Region (Jacksonville, Gainesville, Daytona)
- Central Region (Ocala, Citrus & Hernando County, Leesburg, Orlando, Villages, Brevard County)
- SW Region (Tampa, Port Charlotte, Ft. Meyers, Collier County)
- SE Region (Vero Beach, Ft. Pierce, West Palm, Ft Lauderdale, Miami)

FSOSW Social Worker of the Year Recipient Year Recognized? _____

Membership: Full: \$ 35.00 Associate: \$35.00 Student \$20.00

By signing this application and becoming a member I agree to follow the National Association of Social Workers Code of Ethics.

Signature

Date