



Latino Social Work Network
LSWN/OC
P.O. Box 296
Santa Ana, CA 92702-0296
www.lswnoc.com

Membership Application

Date: _____ New _____ Renewal _____

Name/Degree: _____

Address: _____

Phone: _____

Employer: _____ Fax: _____

Title: _____

Address: _____

Phone: _____

Cell # & Email address: _____

Area of specialization: _____

Social issues you are interested in, i.e. education, child/elder abuse:

NOTE to Students: Name of the school/university you are attending

Annual membership dues are as follows:

Regular/Non-student (\$25) _____ Student (full-time): \$10 _____

Enclose check, payable to LSWN-OC, and mail to the P. O. Box address above. Please check your preferred mailing address: Home _____ Work _____