

**2006 GA COUNCIL OF NEPHROLOGY SOCIAL WORKERS  
MEMBERSHIP APPLICATION/ADDRESS CORRECTION  
PLEASE PRINT**

**Name** \_\_\_\_\_ **Ntl CNSW Member: Y N**

**Primary Facility Name** \_\_\_\_\_

**Facility Address** \_\_\_\_\_

**Facility Phone( )** \_\_\_\_\_ **Fax( )** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Other Facilities Covered:** \_\_\_\_\_

**Email Address Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Current Position** \_\_\_\_\_ **Years in Nephrology** \_\_\_\_\_

**Academic Degree** \_\_\_\_\_ **Licensurer(s)** \_\_\_\_\_

**Preferred Mailing Address: Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Do you wish to be included in the online membership directory? Yes \_\_\_ No \_\_\_**

**Please make checks payable to Georgia Council of Nephrology Social Workers  
Return this application and the \$25.00 annual dues to:**

**Liz Holman, LMSW  
124 Stratmore Place  
Stockbridge, GA 30281  
770-474-5234**

\_\_\_\_\_  
**Date Rcvd** \_\_\_\_\_ **Ck #** \_\_\_\_\_ **Sent to Treas** \_\_\_\_\_