

**2008 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** _____

Additional Donation by separate check payable to NKF Crisis Fund amount \$ _____