

FOR USE BY CHAPTER  
REPRESENTATIVE ONLY

Completed \_\_\_\_\_  
Class Hrs \_\_\_\_\_  
Field Hrs \_\_\_\_\_  
Report(s) \_\_\_\_\_

Certification  
credit \_\_\_\_\_  
Prehistory of SW  
Completed \_\_\_\_\_

**CLASS REGISTRATION FORM**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**1. Class Information**

Name of Class \_\_\_\_\_

Instructor \_\_\_\_\_

Class Fee - - - - - \$ \_\_\_\_\_

Book - - - - - \$ \_\_\_\_\_

Class taken for certification credit. Yes \_\_\_ No \_\_\_

**2. Membership Information**

Membership Dues: Family \_\_\_\_\_ Single \_\_\_\_\_ \$ \_\_\_\_\_  
(Mark "Paid" if student has a current membership.)

Chapter Affiliation: \_\_\_\_\_

**3. Certification Enrollment**

Enrollment fee (\$10.00) - - - - - \$ \_\_\_\_\_  
(Mark "Paid" if student previously enrolled or  
has a certificate. This is a one time fee.)

Check here if this form is for certification enrollment only.  \_\_\_\_\_

TOTAL FEES PAID \$ \_\_\_\_\_