



The professional association for
social work and social workers

BASW Membership Application Form - Direct Debit Mandate

Please complete this page with the Direct Debit instruction and return it to:

Membership Team
British Association of Social Workers
Wellesley House
37 Waterloo Street
Birmingham, B2 5PP

Full name: _____

Postcode: _____

Are you an existing BASW member? _____
Please provide your membership number

Or, if you are applying for membership, please tick here

Date of Birth _____

Frequency of payment: Monthly Annually
