Virginia Alliance
of Family Services
Practitioners

Virginia Alliance Of Family Services Practitioners Membership Application 2026-2027

Name (Please Print):_____

Agency: _____FIPS#_____

Agency Address:_____

Work Phone: (___)_____

Email Address:_____

As a member of the Virginia Alliance of Family Services Practitioners formerly known as Virginia Alliance of Social Work Practitioners, I pledge that I **will** commit myself to the creation and promotion of mutual understanding, fellowship and cooperation among me and my fellow members; the development through our united efforts, of sound progressive social planning and effective methods of interpreting our work to the public; and the rendering of a more skilled service to those who need the services we have to offer.

Date:_____ Signature_____

*Make checks payable ONLY to: **VASWP or Virginia Alliance of Social Work Practitioners**
*Please send the above application, discount coupon and check or money order to:
Joly Nield, FIPS 187, 465 W 15th Street, Suite 100, Front Royal VA 22630