

NANFED

NORTH AMERICAN NETWORK OF FIELD EDUCATORS AND DIRECTORS

Annual Membership Dues

INSTITUTIONAL

1. Receipt – keep this top section for your records

Payment of \$ 50 made to NANFED on _____ (date), Check # _____

Sent to:

Lisa Richardson

Director of MSW Field Education

St. Catherine University and the University of St. Thomas School of Social Work

2004 Randolph Ave., Mail Stop F-15

St. Paul, MN 55105

NANFED is a tax-exempt 501(c)3 non-profit organization. For more information, contact Lisa Richardson, NANFED Treasurer, lmrichardson@stkate.edu or 651-690-6825.

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Membership Invoice

INSTITUTIONAL

2. Invoice – return this bottom section with your payment

Name (print): _____ Degree: BSW__ MSW__ DSW__ PhD__ Other__

Title: _____

Institution: _____

Address: _____

Phone: _____ Email: _____

Field Consortium Name (if applicable): _____

Institutional Membership Dues are \$50.00

Amount Enclosed: _____

Please make check payable to: **North American Network of Field Educators and Directors**, and send to:

Lisa Richardson, Director of MSW Field Education

St. Catherine University and the University of St. Thomas School of Social Work

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St. Paul, MN 55105

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