



Group Membership Application

*discount of 15% off membership of groups of 5 or more from the same organization.

Membership Information

- MANAGEMENT** \$74.50 - Social worker with full or part-time management responsibility who holds a social work degree from a school of social work accredited by the Council on Social Work Education.
 - DIRECT PATIENT CARE** \$49.50 - Social worker in direct patient care only, without director, manager or chief in their title, who holds a social work degree from a school of social work accredited by the Council on Social Work Education.
 - UNEMPLOYED/RETIRED** \$39.50 - A management or associate member who by resignation or termination of employment is no longer employed in a health care setting or a retired member who before retirement met the eligibility requirements for membership.
 - FACULTY** \$47.00 - A dean or faculty member of a university or college.
 - ASSOCIATE** \$87.00 - An individual or business who does not hold a social work degree but has substantial responsibility or interest in the leadership of social work functions in a health care setting.
 - STUDENT** \$29.50 - A student currently enrolled in a CSWE program at a university or college.
- **NOTE:** Students must submit a copy of their student ID with payment.

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

NAME _____

DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP CATEGORY _____

REMOVE ME FROM THE RENTED MAIL LIST

Total Amount: _____

Payment can be made out to SSWLHC.

Total Amount
-15% discount: _____

Please mail payment to:
SSWLHC
100 N. 20th Street, Suite 400
Philadelphia, PA 19103