



# You are cordially invited to join the premier organization, **Society for Social Work Leadership in Health Care**

SSWLHC members comprise of social workers dedicated to promoting the universal availability, accessibility, coordination, and effectiveness of health care that addresses the psychosocial components of health and illness. Our members work in hospitals, home care, hospices, school clinics, primary care settings, private agencies, managed care organizations, regulatory, research, long term care, and a wide range of other settings.

## Why Join?

### Strengthen your Leadership Skills by:

- Networking with national and international social work experts
- Accessing leadership tools and resources
- Participating on committees and initiatives
- Presenting at conferences
- Participating in both national and regional leadership institutes
- Engaging in opportunities to be mentored or mentor emerging leaders!

### Current benefits include:

- Free publications including the journal of *Social Work in Health Care*
- Continuing education opportunities, including the annual meeting and conference (Baltimore, MD in 2017!)
- Exclusive members only discounts on educational programs, books and products
- Weekly emails regarding SSWHLC and industry updates
- Ability to participate in the mentorship program
- Access to the membership database
- Access to Society Information, resources and career opportunities through SSWLHC's official web site [www.sswlhc.org](http://www.sswlhc.org)

**Our Vision Statement:** The vision of the Society for Social Worker Leadership in Health Care is to be the premiere national and international professional organization and voice for social work leadership and leader in development in healthcare.

**Our Mission Statement:** The SSWLHC shall, through the strength of our members, support emerging leaders in all roles, provide leadership knowledge and skills and be the force for advocacy through its collective leadership in all health care arenas.

**\*\*Special thanks to the Social Work Health Leadership Foundation for their continued support\*\***



# Membership Application

NAME \_\_\_\_\_ DEGREE/CREDENTIALS (E.G., MSW) \_\_\_\_\_

COMPANY \_\_\_\_\_

WORKPLACE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED MAIL ADDRESS:  WORK  HOME

WORK PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL (required) \_\_\_\_\_ YEARS IN SOCIAL WORK \_\_\_\_\_

## Membership Information

**MANAGEMENT \$149** - 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 \$99** - 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 \$79** - 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 \$94** - A dean or faculty member of a university or college.

**ASSOCIATE \$174** - 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 \$59** - A student currently enrolled in a CSWE program at a university or college.

**DONATION - SWLHF:** To expand educational programming and advocate for the profession.  
 \$25  \$50  \$100  Other

Total Amount: \_\_\_\_\_  
(including \$5 processing fee if paying by check)

## Payment

**CHECK (PAYABLE TO SSWLHC)**

TAX ID # 23-3100897

Please note all purchases made via check will require a \$5 processing fee. Checks will not be processed without a processing fee included.

AMERICAN EXPRESS  VISA  MASTERCARD

Card Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Please mail payment with application to:  
SSWLHC

100 North 20th Street, Suite 400  
Philadelphia, PA 19103-1443

Phone: (866)237-9542

E-Mail: info@sswlhc.org

[www.sswlhc.org](http://www.sswlhc.org)

## SOCIAL WORK EDUCATION

- Associate
- Bachelor's
- Master's
- Doctorate

## OTHER FIELD

(Please specify) \_\_\_\_\_

- Diploma/Certificate
- Associate
- Bachelor's
- Master's
- Doctorate

## EMPLOYMENT

(Check only 1 in each column)

- Full-Time
- Part-Time
- Unemployed
- Self-employed
- Retired

## PATIENT POPULATION

- None
- Adult
- Geriatric
- Pediatric

## PRIMARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## SECONDARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## PRIMARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

## SECONDARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

Please remove me from the rented mail list

SSWLHC Chapter You Wish To Be Affiliated With: \_\_\_\_\_

SSWLHC is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional and will be kept confidential, only to be used for studying aggregate data:

## GENDER

- Male  Female
- Do not care to respond

## AGE (YEARS):

- 20-24  45-49
- 25-29  50-54
- 30-34  55-59
- 35-39  60-64
- 40-44  Over 65
- Do not care to respond

## ETHNIC GROUP

- African American
- Asian
- Hispanic
- Native American
- Caucasian
- Other
- Do not care to respond

## SALARY RANGE: (ANNUAL)

- Below \$20,000  \$45,000-\$49,999
- \$20,000-\$24,999  \$50,000-\$54,999
- \$25,000-\$29,999  \$55,000-\$59,999
- \$30,000-\$34,999  \$60,000-\$64,999
- \$35,000-\$39,999  \$65,000-\$69,999
- \$40,000-\$44,999  \$70,000 +
- Do not care to respond