



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 \$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 - A dean or faculty member of a university or college.

ASSOCIATE \$87 - 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.

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

Total Amount: _____

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.

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

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

**Note: The dues listed above are discounted at 50% of regular dues as you are joining between January 1st and March 31st. Your membership will lapse through June 30th. For any questions, please email info@sswlhc.org.