



MEMBERSHIP FORM 2017

NAME	
EMAIL (this is how we will reach you)	Email: Alternate email:
Place of Employment	
TYPE OF SETTING	<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing home/ECF <input type="checkbox"/> Dialysis <input type="checkbox"/> Home health <input type="checkbox"/> Public health <input type="checkbox"/> Hospice <input type="checkbox"/> Long term acute care <input type="checkbox"/> Primary care <input type="checkbox"/> Other:
Job title	
Employment address	City, ST, Zip:
Daytime Phone:	
Other memberships you hold	<input type="checkbox"/> SSWLHC - National <input type="checkbox"/> CMSA (case management) <input type="checkbox"/> NASW <input type="checkbox"/> ACSW <input type="checkbox"/> Other:
Signature	

Membership year is from January 1st – December 31st.

Cost: \$50.00 per year Students/Retirees: \$15.00 per year

Please make check payable to ISSWLHC and mail to:

Connie Simpson, Social Services (do not make check out to Connie)
St. Vincent Seton Specialty Hospital
8050 Township Line Rd
Indianapolis, IN 46260
cdsimpso@stvincent.org (317) 415-8481 FAX: 317-415-8119

Thanks for Joining ISSWLHC!