

Willing to serve as a resource in your specialty?
___Yes ___No On a committee? ___Yes ___No

I agree to abide by the SSWLHC-IL. Chapter mission.
(Please initial)
Initials _____

Do you want to be listed in the membership directory?
Yes _____ No _____

Do you know other health care professionals that we should
contact about membership in the IL Chapter? (See
membership eligibility above.)

Name Telephone #

Address

Are you a member of our National
organization (SSWLHC)? ___Yes___No

How Do I Join?

To join, complete form and mail check made
payable to *SSWLHC-Illinois Chapter*. Mail to:

Keith Suedmeyer - Membership
9978 County Highway 27
Nashville, IL 62263
keithsuedmeyer3@gmail.com

or pay through PayPal

[https://www.paypal.com/cgi-
bin/webscr?cmd= s-
xclick&hosted button id=UPX2MHVM
MEN9E](https://www.paypal.com/cgi-bin/webscr?cmd=s-xclick&hosted_button_id=UPX2MHVMEN9E)

SSWLHC has made a difference for these members!

“SSWLHC is my link to Illinois’ leading
social work professionals.”

“SSWLHC membership empowers me to
demonstrate the importance of social work
in the rapidly evolving health care arena.”

“SSWLHC is the premier professional
organization for social work administrators
interested in advancing and making a
personal investment in their careers.”

THE ILLINOIS CHAPTER OF THE SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE

