SSWLHC MO-KAN CHAPTER LOCAL MEMBERSHIP FORM

<table>
<thead>
<tr>
<th>Type of Membership</th>
<th>Annual Dues (July 1, 2018-June 30, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOKAN Chapter Only</td>
<td>$25.00</td>
</tr>
<tr>
<td>Student</td>
<td>$10.00</td>
</tr>
<tr>
<td>National Member (Must be a paid national member for 2018-19)</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

Name:____________________________________________________Degree/Credentials (E.G., MSW):________________________

Company:_____________________________________________________________________________________

Workplace Address:______________________________________________________________________________

City:____________________________________________________State:__________Zip: _______________

Home Address:__________________________________________________________________________________

City:____________________________________________________State:__________Zip: _______________

Preferred Mail Address (check one): Work _____ Home _____

Work Phone:(____)_________________Fax:(____)_________________Home Phone:(____)_____________________

Email (required):______________________________________________________________________________Years in Social Work:_____

Please make a copy of this form & then mail it along with check made out to “SSWLHC-MOKAN CHAPTER” to

Kim Adams, Social Work p.r.n., 10680 Barkley, Suite 100, Overland Park, KS 66212