SSWLHC MO-KAN CHAPTER LOCAL MEMBERSHIP FORM

Type of Membership                        Annual Dues (July 1, 2018-June 30, 2019)

MOKAN Chapter Member                       $25.00
BSW or MSW Student Member                   FREE

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:____

Payment Options:

1) 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

   2) Pay dues on Eventbrite (see below) and email or fax this form to Kim Adams at kim.adams@socialworkprn.com or (913) 648-2977 FAX