

Group Membership Application

*discount of 15% off membership of groups of 5 or more from the same organization.

Membership Information

☐ MANAGEMENT \$149.00 - 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 \$99.00 - 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 \$79.00 - 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** \$94.00 - A dean or faculty member of a university or college.

□ ASSOCIATE \$174.00 - 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 \$59.00 - 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.

Name	Name
Degree/Credentials (e.g., MSW)	Degree/Credentials (e.g., MSW)
Company	
Address	
City/State/Zip	CITY/STATE/ZIP
PHONE	PHONE
EMAIL	Email
Membership Categotory	Membership Categotory
☐ REMOVE ME FROM THE RENTED MAIL LIST	\square Remove me from the rented mail list
Name	Name
DEGREE/CREDENTIALS (E.G., MSW)	Degree/Credentials (e.g., MSW)
COMPANY	COMPANY
Address	Address
City/State/Zip	CITY/STATE/ZIP
PHONE	Рноме
EMAIL	Email
Membership Categotory	Membership Categotory
\square Remove me from the rented mail list	\square Remove me from the rented mail list
Name	Name
Degree/Credentials (e.g., MSW)	Degree/Credentials (e.g., MSW)
COMPANY	COMPANY
Address	Address
City/State/Zip	CITY/STATE/ZIP
PHONE	Рноме
EMAIL	Email
Membership Categotory	Membership Categotory
☐ REMOVE ME FROM THE RENTED MAIL LIST	□ Remove me from the rented mail list
Total Amount:	
Total Amount	Card Number:
-15% discount:	Name of Cardholder:
Payment can be made out to SSWLHC.	Signature: Exp Date:
Please mail payment to: SSWLHC 100 N. 20th Street, Suite 400 Philadelphia, PA 19103	If more than 6 members are joining under the organizational membership, please include their names and contact information using a second group membership application.