



# Membership Application

NAME \_\_\_\_\_ DEGREE/CREDENTIALS (E.G., MSW) \_\_\_\_\_

COMPANY \_\_\_\_\_

WORKPLACE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED MAIL ADDRESS:  WORK  HOME

WORK PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL (required) \_\_\_\_\_ YEARS IN SOCIAL WORK \_\_\_\_\_

## Membership Information

**MANAGEMENT** \$74.50 - 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** \$49.50 - 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** \$39.50 - 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** \$47 - A dean or faculty member of a university or college.

**ASSOCIATE** \$87 - 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** \$29.50 - A student currently enrolled in a CSWE program at a university or college.

**DONATION - SWLHF:** To expand educational programming and advocate for the profession.

\$25  \$50  \$100  Other

Total Amount: \_\_\_\_\_

## Payment

CHECK (PAYABLE TO SSWLHC)

TAX ID # 23-3100897

Please note all purchases made via check will require a \$5 processing fee. Checks will not be processed without a processing fee included.

Please mail payment with application to:  
SSWLHC  
100 North 20th Street, Suite 400  
Philadelphia, PA 19103-1443  
Phone: (866)237-9542  
E-Mail: info@sswlhc.org

[www.sswlhc.org](http://www.sswlhc.org)

## SOCIAL WORK EDUCATION

- Associate
- Bachelor's
- Master's
- Doctorate

## OTHER FIELD

(Please specify) \_\_\_\_\_

- Diploma/Certificate
- Associate
- Bachelor's
- Master's
- Doctorate

## EMPLOYMENT

(Check only 1 in each column)

- Full-Time
- Part-Time
- Unemployed
- Self-employed
- Retired

## PATIENT POPULATION

- None
- Adult
- Geriatric
- Pediatric

## PRIMARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## SECONDARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) \_\_\_\_\_

## PRIMARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

## SECONDARY WORK SETTING

(Check only 1 response)

- Aging Services (non-medical)
- Renal
- Rehab
- Long Term Care
- Inpatient Behavioral Health
- Outpatient Behavioral Health
- VA
- Hospital (academic)
- Hospital (non-academic)
- Outpatient/Ambulatory Care
- Private Practice
- Physician Office
- Hospice
- Home Care
- School of Social Work
- Insurance/HMO
- Nursing Home
- Community Service Agency
- Self-employed
- Business/Industrial
- Other (please specify) \_\_\_\_\_

Please remove me from the rented mail list

SSWLHC Chapter You Wish To Be Affiliated With: \_\_\_\_\_

SSWLHC is requesting biographical information from our membership to respond to the growing need for overall data. Responses to these questions are optional and will be kept confidential, only to be used for studying aggregate data:

## GENDER

- Male  Female
  - Do not care to respond
- ## AGE (YEARS):
- 20-24  45-49
  - 25-29  50-54
  - 30-34  55-59
  - 35-39  60-64
  - 40-44  Over 65
  - Do not care to respond

## ETHNIC GROUP

- African American
- Asian
- Hispanic
- Native American
- Caucasian
- Other
- Do not care to respond

## SALARY RANGE: (ANNUAL)

- Below \$20,000  \$45,000-\$49,999
- \$20,000-\$24,999  \$50,000-\$54,999
- \$25,000-\$29,999  \$55,000-\$59,999
- \$30,000-\$34,999  \$60,000-\$64,999
- \$35,000-\$39,999  \$65,000-\$69,999
- \$40,000-\$44,999  \$70,000 +
- Do not care to respond