



# Student Membership Application

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

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

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

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL (required) \_\_\_\_\_

**GRADUATION DATE** \_\_\_\_\_

**\*\*NOTE:** Students must submit a copy of their student ID with payment.

## Membership Information

**STUDENT** \$29.50 - A student member currently enrolled in a CSWE program at a university or college.  
**\*\*NOTE:** Students must submit a copy of their student ID with payment.

**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)

## CURRENT EDUCATIONAL TRACK

- BASW / BSSW
- MSW / MSSW
- Concurrent MSW, MPH
- Concurrent MSW, MHA
- Concurrent MSW, other
- PhD / Doctoral candidate
- Other: \_\_\_\_\_

## ESTIMATED YEAR OF GRADUATION

- I would be interested in participating in on the Student/New Professionals Committee
- I would be interested in volunteering for upcoming events / conference

## HOW DID YOU HEAR ABOUT SSWLHC?

- Peer within your current or former educational institution
- Network contact from outside your educational institution
- Visited SSWLHC exhibit booth table at a conference
- Advertisement
- Internet Search
- Other

I currently have an internship  
 Name of organization you are interning:  
 \_\_\_\_\_

## PRIMARY INTERN 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 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