



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 \$59.00 - 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

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