

# SSWLHC MO-KAN CHAPTER LOCAL MEMBERSHIP FORM



**\*\*\*\*NEW Membership Rates for the 2017-2018 membership year!\*\*\*\***

<b>Type of Membership</b>	<b>Annual Dues</b>
MOKAN Chapter Only	\$25.00
Student	\$10.00
National Member (Must be a paid national member for 2017-18)	\$20.00

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: \_\_\_\_\_

*Please 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*