

SSWLHC MO-KAN CHAPTER LOCAL MEMBERSHIP FORM



Type of Membership	Annual Dues (July 1, 2018-June 30, 2019)
MOKAN Chapter Only	\$25.00
Student	\$10.00
National Member (Must be a paid national member for 2018-19)	\$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