



Society for Social Work Leadership in Health Care

SSWLHC is comprised of social workers dedicated to promoting the universal availability, accessibility, coordination, and effectiveness of health care that addresses the psychosocial components of health and illness. Our 500+ members work in hospitals, home care, hospices, primary care settings, private agencies, managed care organizations, regulatory, research, long term care, and many other settings.

As a student member you will have the opportunity to network and connect with social work experts in health care, develop and expand leadership skills, and gain access to a wide range of resources including mentorship programs.

Why Join?

Strengthen your Health Care Leadership Skills Through:

- Networking with national and international social work health care experts
- Individualized 1:1 mentorship program
- Accessing leadership tools and resources
- Participating on committees and initiatives
- Presenting at national conferences
- Keeping up to date with current events in health care via social media and listserv

Current membership benefits include:

- Access to Society Information, resources and career opportunities through SSWLHC's website
- Continuing education opportunities, including the annual meeting and conference
- Access to free online exemplars
- Exclusive members only discounts on educational programs
- Weekly emails regarding SSWLHC and industry updates
- Ability to participate in the mentorship program
- Access to the membership database
- Access to the membership List Serve

Our Vision Statement: The vision of the Society for Social Worker Leadership in Health Care is to be the premiere national and international professional organization and voice for social work leadership and leader in development in healthcare.

Our Mission Statement: The SSWLHC shall, through the strength of our members, support emerging leaders in all roles, provide leadership knowledge and skills and be the force for advocacy through its collective leadership in all health care arenas.

Learn More about SSWLHC and Student Membership Rates at www.sswlhc.org



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 \$30.00 - 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
 295 E. Swedesford Road #347
 Wayne, PA 19087
 Phone: (866)237-9542
 E-Mail: info@sswlhc.org

****Note:** The dues listed above are discounted at 50% of regular dues as you are joining between January 1st and March 31st. Your membership will lapse through June 30th. For any questions, please email 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