



# You are cordially invited to join the premier organization, **Society for Social Work Leadership in Health Care**

SSWLHC members comprise 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 members work in hospitals, home care, hospices, school clinics, primary care settings, private agencies, managed care organizations, regulatory, research, long term care, and a wide range of other settings.

## **Why Join?**

**Strengthen your Leadership Skills by:**

- Networking with national and international social work experts
- Accessing leadership tools and resources
- Participating on committees and initiatives
- Presenting at conferences
- Participating in both national and regional leadership institutes
- Engaging in opportunities to be mentored or mentor emerging leaders!

## **Current benefits include:**

- Continuing education opportunities, including the annual meeting and conference
- Access to free online exemplars
- Exclusive members only discounts on educational programs
- Weekly emails regarding SSWHLC and industry updates
- Ability to participate in the mentorship program
- Access to the membership database
- Access to the membership List Serve
- Access to Society Information, resources and career opportunities through SSWLHC's official web site [www.sswlhc.org](http://www.sswlhc.org)

**Our Vision Statement:** To be the leading professional organization for social workers in healthcare.

**Our Mission Statement:** As the premier national and international organization for social workers in health care, we will empower members by providing access to evidence-based standards of practice, enhanced partnerships and collaboration, actionable support and education for direct care social workers, advocacy to inform local and national social policy and education for and connection with emerging and established leaders.

**\*\*Special thanks to the Social Work Health Leadership Foundation for their continued support\*\***



# 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 9087  
 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](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