



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

The SSWLHC membership is comprised of social workers dedicated to addressing the psychosocial components of health and illness as leaders, both formally and informally. The organization promotes the universal availability and accessibility of health services including evidence based practices which contribute to optimal health outcomes. 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 SSWLHC 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

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****



Membership Application

NAME _____ DEGREE/CREDENTIALS (E.G., MSW) _____

COMPANY _____

WORKPLACE ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED MAIL ADDRESS: WORK HOME

WORK PHONE (____) _____ FAX (____) _____ HOME PHONE (____) _____

EMAIL (required) _____ YEARS IN SOCIAL WORK _____

Membership Information

REGULAR MEMBER \$75.00

• Social worker (full or part-time) who holds a social work degree from a school of social work accredited by the Council on Social Work Education.

• A dean, faculty member or university based field practicum supervisor at a university or college.

UNEMPLOYED/RETIRED \$42.50

• A management or associate member who by resignation or termination of employment is no longer employed in a health care setting or a retired member who before retirement met the eligibility requirements for membership.

ASSOCIATE \$100

• An individual or business who does not hold a social work degree but has substantial responsibility or interest in the leadership of social work functions in a health care setting.

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

Please mail payment to:
SSWLHC

P.O. Box 175
Devault, PA 19432
Phone: (844) 957-7768
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

SOCIAL WORK EDUCATION

- Associate
- Bachelor's
- Master's
- Doctorate

OTHER FIELD

(Please specify) _____

- Diploma/Certificate
- Associate
- Bachelor's
- Master's
- Doctorate

EMPLOYMENT

(Check only 1 in each column)

- Full-Time
- Part-Time
- Unemployed
- Self-employed
- Retired

PATIENT POPULATION

- None
- Adult
- Geriatric
- Pediatric

PRIMARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) _____

SECONDARY AREA OF PRACTICE

(Check only 1 response)

- Academia
- Clinical/Patient Care
- Education
- Administration
- Research
- Other (please specify) _____

PRIMARY WORK 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) _____

SECONDARY WORK 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 Chapter You Wish To Be Affiliated With: _____

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

SALARY RANGE: (ANNUAL)

- Below \$20,000 \$45,000-\$49,999
- \$20,000-\$24,999 \$50,000-\$54,999
- \$25,000-\$29,999 \$55,000-\$59,999
- \$30,000-\$34,999 \$60,000-\$64,999
- \$35,000-\$39,999 \$65,000-\$69,999
- \$40,000-\$44,999 \$70,000 +
- Do not care to respond