



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****



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 \$60.00 - 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
 P.O. Box 175
 Devault, PA 19432
 Phone: (844) 957-7768
 E-Mail: 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