



## 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](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\*\***



# 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  
P.O. Box 175  
Devault, PA 19432  
Phone: (844) 957-7768  
E-Mail: info@sswllhc.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@sswllhc.org.*

[www.sswllhc.org](http://www.sswllhc.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:

## 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

## GENDER

- Male  Female  Nonbinary  Prefer to self-describe: \_\_\_\_\_  Prefer not to say