



**SSWLHC**  
Society for Social Work  
Leadership in Health Care

**Join SSWLHC today!**  
**Special Student  
membership  
rates!**

## **YOUR Social Work in Health Care Organization**

For social work students who are interested in healthcare, the SSWLHC is your social work member organization. Joining as a student provides many benefits, including a reduced member rate, networking with health social workers around the country, sharing resources and learning from each other.

**We can't wait for you to join us!!**



## **Social Workers in Healthcare**

Social workers are everywhere in healthcare; hospitals, clinics, primary care, case management. Whether you are a student in a field placement; or just starting out as a professional in healthcare, we know all social workers are leaders. Together we can make a difference.

The SSWLHC provides you with the information and support you need to work in healthcare for a career.

## **SSWLHC Student Member Benefits**

1. Networking with social workers who work in healthcare across the country.
2. Unique Mentorship program!
3. Reduced costs for educational materials and conferences.
4. Access to professional resources.
5. Latest updates in the field of health social work.

## **Social Work Students: Join Us Today!**

[Information about  
Student Membership.](#)

Feel free to reach out to us!  
[info@sswlhc.org](mailto:info@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  
 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](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:

## 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

## GENDER

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