



## 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\*\***



# Group Membership Application

\*discount of 15% off membership of groups of 5 or more from the same organization.

## Membership Information

**REGULAR MEMBER \$150.00**

- 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 or faculty member of a university or college

**UNEMPLOYED/RETIRED \$85.00** - A 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 \$200.00** - 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.

**STUDENT \$60.00** - A student currently enrolled in a CSWE program at a university or college.

\*\*NOTE: Students must submit a copy of their student ID with payment.

NAME \_\_\_\_\_

DEGREE/CREDENTIALS (E.G., MSW) \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MEMBERSHIP CATEGORY \_\_\_\_\_

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Total Amount: \_\_\_\_\_

Total Amount -15% discount: \_\_\_\_\_

Payment can be made out to SSWLHC.

Please mail payment to:  
SSWLHC  
1500 Chestnut Street  
Suite 2, #1613  
Philadelphia, PA 19102

AMERICAN EXPRESS    VISA    MASTERCARD

Card Number: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Security Code: \_\_\_\_\_

**SSWLHC Chapter You Wish To Be Affiliated With: (Circle One):**

- At-Large (this indicates no affiliation)
- Illinois
- Nebraska
- New York Metropolitan
- Northern California
- Maine
- MO-KAN

If more than 6 members are joining under the organizational membership please include their names and contact information using a second group membership application.