

SOCIAL WORK LEADERS IN HEALTH CARE of Metro St. Louis, Inc.
Membership Application

Purposes:

- To promote educational programs, to strengthen and develop social work leadership.
- To strengthen relationships with health care organizations and professional social work organizations in relation to social work in health care.
- To provide a forum for the interchange of ideas and dissemination of material relative to social work leadership.
- To promote standards and ethics for the delivery of social work in health care.
- To strengthen field education for social workers in education.

Membership is open to individuals who have responsibility for the delivery, education or development of social work services in a health care organization, and:

- Have a BSW or MSW degree (Full membership)
- Do not possess a BSW or MSW degree, but have a related degree. (Associate membership. **Associate members are accepted at the discretion of the Board of Directors. Applications for Associate membership must be accompanied by a resume**)
- Are students who are enrolled in a MSW program but do not have a BSW. (Student membership)
- Associate and Student Members are not permitted to vote or hold office.
- *Some special meetings may require an additional fee

Membership:

Membership entitles you to the following:

- Six meetings per year, including min. of 4 CEUs *
- Membership list and networking opportunities
- Quarterly newsletter

Questions? email: socialworkleaders@gmail.com

Membership Application

Name _____ Are you an: LCSW ___ LBSW ___ Other: _____
Degree: BSW ___ MSW ___ MSW Student ___ Other (Specify): _____ Year of degree _____
Home Address _____ City/State/Zip _____
Employer _____ Job Title _____
Home Phone _____ Work Phone _____
E-Mail _____ Fax _____

Applying for Membership as: (Please check one)

- Full Member: \$40 per year
- Emeritus Member: Free membership Year retired or became disabled: _____
- MSW Student Member: \$20 per year _____ School: _____
- Associate Member *\$40 per year

* Associate members will be notified after their membership application has been approved by the Board. Resume must accompany application.

Referred By (First time members only): _____

#1 reason for joining _____

**Mail application (and resume, for Associate applicants) and check made payable to SWLHC to:
8816 Manchester Rd., #168, St. Louis, MO 63144**