



School Social Workers Association of Missouri Membership Application

2011-2012 School Year

SSWAM wants to provide our members with CEU training opportunities, networking, advocacy, and continued Certification effort, but we need the support and membership of ALL Missouri School Social Workers and our supporters. Complete this form TODAY! Mail to SSWAM Treasurer: *Gayle Abram, 1233 Mesa Dr., Olivette, MO 63132.* If you have any questions please contact Gayle Abram at Gayle.Abram@slps.org or Michael Adam (314) 953-7808 or madam@hazelwoodschools.org.

SSWAM MEMBERSHIP TYPES

AMOUNT ENCLOSED

Regular Membership (anyone employed as a School Social Worker)	\$40
Retired Membership	\$25
New to the field of School Social Work (1 st year)	\$25
Associate Membership (Students and all others)	\$25
Scholarship Fund: Please add this <i>Tax Deductible</i> contribution for the Scholarship Fund	\$ _____

TOTAL: \$ _____

Make out checks to "SSWAM"

Please check here if you wish to join SSWAA at a discounted rate. A SSWAM Membership number will be provided to you to enter on a special SSWAA application supplied by us that must be sent immediately to SSWAA

MUST PROVIDE THE FOLLOWING INFORMATION (please print legibly):

NAME: _____ DISTRICT: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____ COUNTY: _____

Please include your ZIP CODE and AREA CODE

HOME #: (_____) _____ WORK #: (_____) _____

EMAIL (please print legibly): _____

JOB TITLE (circle one): SSW, SBSW, Other: _____ Number of SSWs in your District: _____

STATE REGION DISTRICT IS LOCATED (see map on back, circle one): North West North Central North East
Kansas City West Central Central St. Louis Southwest South Central South East

Please check if you do NOT want any of the following:

___ Release of contact information ___ Inclusion in SSWAM/SSWAA Directory ___ Email updates/news

CURRENTLY PAID: ___ ON Teacher Salary Scale ___ UNDER Teacher Scale ___ ABOVE Teacher Scale

I'm interested in helping with: ___ SSW Advocacy ___ Legislation ___ Membership ___ Newsletter

___ Program/Conference ___ Publicity ___ Recognition ___ Anywhere needed

___ I would be willing to meet with other regional SSWs and/or ___ Serve as my district or region's representative.

Please check all that apply:

___ BA in _____	___ LCSW	___ NEA	___ SSWAA	___ SBSW
___ BSW	___ SSWS	___ MSTA	___ NASW	___ NASW, SSW Section
___ MSW	___ Working on MSW	___ ACSW	___ PhD	___ AFT
___ School Based Health				

Would pursue MSW if funding were available _____ Other _____

Office Use Only: Date Rec'd: _____ Amount Paid: _____ Check # _____ Initials: _____

Date Membership Packet Mail: _____ Initials: _____