



National Membership Application

Use this form only if you are joining SSWAM and SSWAA. This SSWAA discounted membership fee only applies to state and national memberships which are submitted at the same time.

Name _____

Employer _____

Home Address _____

Work Address _____

City, State, Zip _____

City, State Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Preferred E-mail address * _____

Secondary E-mail address _____

*SSWAA corresponds almost exclusively via e-mail to limit our impact on natural resources. E-mail communication will be sent to your preferred e-mail address only. When you register online, your e-mail is your user name. You can create an individual password online or SSWAA will assign a random password to you which can be retrieved via the website. A user name and password is required to log on to the members only sections of the SSWAA.org website.

Current Job Position (please check)

- School Social Worker
- School Counselor
- Other Title (Please specify) _____
- Administrator / Supervisor / Director / Coordinator
- Principal / Assistant Principal
- College Professor / Instructor

Work Setting (Please check)

- Elementary _____
- Middle / Jr. High _____
- High School _____
- K - 12 (all schools) _____
- District Office _____
- College / University _____
- Agency setting _____

National Membership Fee

- \$95 Full / Active SSWAA Membership \$ _____
- \$95 Associate SSWAA Membership \$ _____
- \$60 Student SSWAA Membership \$ _____
- \$60 Retired / Affiliate SSWAA Membership \$ _____
- Purchase Order processing fee, \$10 \$ _____
- Total National Membership fee \$ _____**

Payment Information (check one)

- Check Payable to SSWAA
- Purchase Order
- VISA MasterCard
- Discover Card
- American Express

The Missouri School Social Workers Association

I. D. # - _____ is required for the above fee. This number will be emailed to you immediately following the receipt of the Missouri (SSWAM) membership application and fees by the SSWAM Treasurer.

Mail this Membership application and fees to:

SSWAA Membership, PO Box 1086, Sumner WA 98390

Credit Card Number _____

Expiration Date _____ Security Code _____

Signature _____

Print name as it appears on card _____

Membership is effective for 1 year from the date of membership application