

www.msswa.org

Name: _____ Licensure Level: LSW LGSW LISW LICSW

_____ I am joining MSSWA for the first time

Board of SW License #: _____ Board of Teaching File #: _____ School District #: _____

Preferred Mailing Address or PO: _____ City/State/Zip: _____

Phone: Home #: (____) _____ Work #: (____) _____ School District Name: _____

Preferred Email Address: _____ County Where School is Located: _____

Primary Supervisor/Principal: _____ Principal's email address: _____

Agency/School: _____ Address: _____

City/State/Zip: _____ Legislative District (HOME): _____ My Region # is: _____

Are you interested in working with MSSWA in any of the following areas:
(see descriptions in our Constitution-and-By Laws in Article IX @ www.msswa.org)

Board Involvement
 Finance/Membership
 Professional Development
 Legislative
 Networking/Communications
 Standards of Practice
 Promotions/Recognition

Do you currently provide Professional Licensure Supervision: Y or N What Levels: LSW/ LGSW
If yes, would you like to have your name listed on our website as providing supervision? Y or N

Regular: Any person employed by and responsible to a public or private school system as a school social worker so certified by the State Board of Teaching and licensed by the State Board of Social Work.

Affiliate: Unemployed school social workers; professional and paraprofessional persons working in appropriate related fields. (No access to website member resources)

Illinois Journal: Written by and for School Social Workers. <http://iassw.org/about/school-social-work-journal/>

ANNUAL MEMBERSHIP: Effective on the date of submission; look for email confirmation

I am joining and qualify as a regular member		\$ 65
This is my first year working as a School Social Worker	Date of hire:	Free
Joining as a regular member, 3 year with discount		\$150
Retired School Social Worker		\$ 35
I am joining and qualify as an affiliate member	Current profession:	\$ 35
As an affiliate member, I would like access to the website resources		Add \$30
I am joining as an undergraduate or graduate student Include a photo copy of your school ID	Name of your school:	Free
I would like the Illinois Journal	Spring & Fall; 2 electronic publications per year	\$ 20
	Total:	

Check/money order to: MSSWA Mail to: Susanne Schroeder, 901 Parker Avenue, Roseville, MN 55113