

www.msswa.org

Name: _____ **Licensure Level:** LSW LGSW LISW LICSW

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 Principal: _____ **Principal's email address:** _____

Agency/School: _____ **Address:** _____

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

Please indicate which areas you would most like to volunteer your time:

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

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: Retired MSSWA members, graduate students or unemployed school social workers; professional and paraprofessional persons working in appropriate related fields.
 (Not a voting member, no access to website member resources)

Illinois Journal: Written by School Social Workers for School Social Workers. <http://www.iassw.org/journal.htm>

- I am joining as a new member**
 - I am joining and qualify as a regular member** **\$65.00**
 - I would like to join MSSWA and SSWAA as a regular member** **add: \$95.00**
 - I am joining and qualify as an affiliate member** **\$35.00**
 - I would like to join MSSWA and SSWAA as an affiliate member** **add: \$60.00**
 - Current profession** _____
 - As an affiliate member, I would like access to the website resources** **add: \$30.00**
 - I am joining as an undergraduate student** _____ **Free**

Name of School
 - I would like to receive the Illinois Journal** **add: \$20.00**

Total: _____

Check/money order to: MSSWA **Mail to:** Susanne Schroeder, 562 Maple Drive, Owatonna, MN 55060