

Northern California Chapter of the  
Society for Social Work Leadership in Health Care (SSWLHC)

**2008 MEMBERSHIP APPLICATION**

TYPE OF MEMBERSHIP: NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

HOME PHONE (OPTIONAL) \_\_\_\_\_ PAGER ( ) \_\_\_\_\_

E-MAIL address (please print clearly): \_\_\_\_\_

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ARE YOU A MEMBER OF THE NATIONAL SSWLHC? \_\_\_\_\_ If interested, go to  
[www.sswlhc.org](http://www.sswlhc.org)

**PLEASE CIRCLE YOUR MEMBERSHIP CATEGORY, either A, B, C, D or E:**

**A. Full Membership:** (circle appropriate number)

1. MSW/DSW/PhD with primary responsibility for the management of the social work function in a hospital or related health care agency. OR
2. MSW with substantial, but not primary, responsibility for the management of the social work function in a hospital or related health care agency. This management role must represent a substantial part of your professional function. OR
3. MSW with primary responsibility as consultant in the administration of social work programs in a hospital or related health care agency. OR
4. MSW employed in health care setting with leadership responsibilities or who are seeking development of leadership skills OR
5. MSW/DSW/PhD with primary responsibility for the graduate education of social workers in a health sequence of an educational institution accredited by the Council on Social Work Education.
6. Members in good standing who continue to pay dues, but by nature of a change or advancement of position, no longer meet the requirements in categories 1-5.

***(FORM CONTINUES ON NEXT PAGE)***

**B. Associate Membership:** Social workers who hold a bachelor's degree in social work from an accredited school. Health care professionals who do not have a MSW degree.

**C. Transitional membership:** Members in good standing who, at the time of resignation/termination from their position, meet the criteria above and consider themselves temporarily unemployed. Available for up to two years from the expiration of regular membership.

**D. Emeritus membership:** Retired Members or associate members who, before retirement, were Members in good standing.

**E. Student membership:** BSW/MSW students

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**PLEASE GIVE US SUGGESTIONS AND INPUT!**

**I have the following suggestions for continuing education topics and potential speakers (let us know if you have an area of expertise you would like to present):** \_\_\_\_\_

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**Please indicate here if you are interested in hosting a meeting at your organization:**

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**Please indicate if you have an interest in learning more about the leadership positions on the board and how you can contribute:** \_\_\_\_\_

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**FEES:** Renewal Memberships by 12/31/07: \$35  
Renewal Memberships after 12/31/07: \$45  
Associate/Transitional/Emeritus members: \$25  
Introductory First Year Membership: \$20  
BSW/MSW student: \$ 0

**Please note that renewal memberships are due by 3/31 of the membership year or membership will be terminated**

Return this form with a check payable to: SSWLHC

Mail to Membership Chair: Grace T. Lee, LCSW

Medical Social Service Department

Santa Clara Valley Medical Center

751 S. Bascom Avenue

San Jose, CA 95128

Phone: (408) 885-5506

Fax: (408) 855-5507 or Email: Grace.Lee@hhs.sccgov.org

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Applicant's Signature

11/29/07

Date