



WISCONSIN CHAPTER
SOCIETY FOR SOCIAL WORK LEADERSHIP IN HEALTH CARE

Name: Title:
Organization:
Address: (Home Work)
Phone: Fax:
E-Mail Address:

I prefer notifications via: E-mail Snail-mail

May the above info be published on our web-site membership list? Yes No

May we share your contact information with other organizations? Yes No

Eligibility: Full members must have an MSW or BSW from a college or university accredited by the CSWE, or meet the social work certification standards of the Wisconsin Department of Regulation and Licensing. Student members must be enrolled in an MSW or BSW program.

University/School:

Graduation Date: Degree:

State Certification: Please provide level of certification and certification number:

CSW CAPSW CISW LCSW Cert #:

Areas of focus or specialization:

Ideas for Program Topics and/or Speakers:

Other Feedback:

Signature: Date:

Please mail completed form with your dues payable to Social Work Leadership in Health Care to:
Nira Fisher, CSW, SSWLHC Treasurer
c/o Moundview Memorial Hospital & Clinics
402 W. Lake Street
P.O. Box 40
Friendship, WI 53934

Need Receipt? Yes No

Membership Dues, 1/1/05 - 12/31/05: \$50.00 for full members, \$25.00 for student members

Need Receipt? Yes No