

[www.msswa.org](http://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](http://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**

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

**Check/money order to: MSSWA    Mail to: Susanne Schroeder, 28 3rd St. SE #231, Faribault, MN 55021**