

[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**

<input type="checkbox"/>	I am joining and qualify as a regular member		\$ 65
<input type="checkbox"/>	Joining as a regular member, 3 year with discount		\$150
<input type="checkbox"/>	Retired School Social Worker & previous member		\$ 35
<input type="checkbox"/>	I am joining and qualify as an affiliate member	Current profession:	\$ 35
<input type="checkbox"/>	As an affiliate member, I would like access to the website resources		Add \$30
<input type="checkbox"/>	I am joining as an undergraduate or graduate student	Name of your school:	Free
<input type="checkbox"/>	I would like the Illinois Journal	Spring & Fall; 2 publications per year	\$ 20
		<b>Total:</b>	

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