



SCHOOL SOCIAL WORK ASSOCIATION OF ARIZONA  
MEMBERSHIP RENEWAL FORM

(Use this form if you are joining SSWAAZ only)

The purpose of the School Social Work Association of Arizona (SSWAAZ) is to promote the development of school social work in Arizona.

**BENEFITS:** Newsletter; Peer networking; Job announcements; Mini-grants awarded to members; Annual conference the first Friday in March; Annual meeting every fall.

**ANNUAL DUES:**

State SSWAAZ Membership:

Annual Dues  
Enclosed  
(Check  
One):

Professional Members (School Social Workers)

\$25.00

Associate Members (Other Social Workers, School Psychologists, Teachers, Paraprofessionals, etc.)

\$25.00

Student SSWAAZ Members

\$15.00

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School District: \_\_\_\_\_ School(s):  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Would you be willing to serve on a committee? \_\_\_\_\_

Make check payable to: **SCHOOL SOCIAL WORK ASSOCIATION OF ARIZONA**

Send check to: SSWAAZ Treasurer, PO Box 977, Gilbert, AZ 85299

Questions? Contact us at: [email@sswaaz.org](mailto:email@sswaaz.org)