



## SSWAA Combined State and National Membership Application

Use this form only if you are joining SSWAAZ and SSWAA, both at the same time

Name \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Preferred E-mail address \*

Secondary E-mail address \_\_\_\_\_

\*SSWAA corresponds almost exclusively via e-mail to limit our impact on natural resources. E-mail communication will be sent to your preferred e-mail address only. When you register online, your e-mail is your user name. You can create an individual password online or SSWAA will assign a random password to you which can be retrieved via the website. A user name and password is required to log on to the members only sections of the [SSWAA.org](http://SSWAA.org) website.

### Current Job Position (please check)

- \_\_\_\_\_ School Social Worker
- \_\_\_\_\_ School Counselor
- \_\_\_\_\_ Other Title (Please specify) \_\_\_\_\_
- \_\_\_\_\_ Administrator / Supervisor / Director / Coordinator
- \_\_\_\_\_ Principal / Assistant Principal
- \_\_\_\_\_ College Professor / Instructor

### Work Setting (Please check)

- Elementary \_\_\_\_\_
- Middle / Jr. High \_\_\_\_\_
- High School \_\_\_\_\_
- K - 12 (all schools) \_\_\_\_\_
- District Office \_\_\_\_\_
- College / University \_\_\_\_\_
- Agency setting \_\_\_\_\_

### Combined State and National Membership

- \$95 Full / Active SSWAA Membership \$ \_\_\_\_\_
- \$95 Associate SSWAA Membership \$ \_\_\_\_\_
- \$60 Student SSWAA Membership \$ \_\_\_\_\_
- \$60 Retired / Affiliate SSWAA Membership \$ \_\_\_\_\_
- State Membership for AZ \$ 25
- Purchase Order processing fee, \$10 \$ \_\_\_\_\_
- Total Combined State & National Membership \$ \_\_\_\_\_

### Payment Information (check one)

- \_\_\_\_\_ Check Payable to SSWAA
- \_\_\_\_\_ Purchase Order
- \_\_\_\_\_ VISA
- \_\_\_\_\_ MasterCard
- \_\_\_\_\_ American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

### SSWAAZ Membership Fees:

Full Membership \$25

Mail This Membership application to:

SSWAA Membership  
PO Box 1086  
Sumner WA 98390

*Membership is effective for 1 year from the date of membership application*