SCHOOL SOCIAL WORKER ASSOCIATION OF ALABAMA MEMBERSHIP APPLICATION FORM

PLEASE TYPE OR PRINT LEGIBLY

Check one:	New Application	Renewal _	Update
Name:			Date:
Home Address:			N
City/State/Zip:			Phone:
Employer:			
City/State/Zin:			County:
Office Phone:)	E-Mail:	County
()-LBSW ()- ()-BSW ()- ()-SSWAA (_			that apply):
() \$50.00 Full:	rship Dues: Please chec An actively employed so chool or education agenc	hool social worl	ker (MSW or BSW) in a public, hold any office.
	c, private, charter school		l school social worker (MSW or ency. Includes one year
provides service work services to	to children, employed ex children and families, bu	clusively by a sout do not meet the	agency or organization which chool district to provide social e state's requirement for the than the Executive Committee.
	nt: A student enrolled in a I Social Work; may not v		ocial Work program with an
· /	te: Any person actively i	1 1	orting and promoting the school
() \$20.00 Retired	d: Holds active members	hip and voting p	rivileges

Make checks payable to SSWAAL and return with the application to:

SSWAAL

Attn: Audrey Bailey, Treasurer

P.O. Box 6550

Huntsville, AL 35813