



Minnesota Nursing Home Social Workers Association

Dedicated to enhancing total person care through advocacy, education, leadership and support

Total Person Care

Annual Membership

20____ Membership Year

Memberships are per calendar year (January through December). If you are paying at the time of the fall conference to get the reduced conference rate, your membership is for the calendar year the conference is held in.

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

CHAPTER (Check One)

- CENTRAL
- IRON RANGE
- LAKES
- NORTH
- NORTH CENTRAL
- NORTHWEST
- SOUTH CENTRAL
- SOUTHEAST
- SOUTHWEST
- TWIN CITIES

Status (Check One)

- I AM A NEW MEMBER
- I AM A RENEWING MEMBER

I am able to provide licensing supervision

- YES

Membership Dues (Check One)

- \$40 REGULAR
- \$10 STUDENT
- \$10 UNEMPLOYED/RETIRED

MNHSWA Chapter & State mailing will be sent to you at the address listed below. (May be your home or work)

Member's Name: _____

Facility Name: _____

Address: _____

City State Zip: _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Email

MEMBERS -Please make check payable to MNHSWA and send it with your application to your Chapter Treasurer. **CHAPTER TREASURERS** - Send a copy of this application and one half the dues (State Portion) to the State Treasurer. •**Note to facilities**- If you are paying the membership fee and the Social Worker leaves your facility, the remaining membership goes with them (per MNHSWA policy).