

Annual Membership Form

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

Chapter (Check One)

- Central
- Iron Range
- Lakes
- North Central
- Northwest
- South Central
- Southeast
- Southwest
- Twin Cities

I am able to provide licensing supervision

- Yes
- No

Status (Check One)

- Renewing Member
- New Member

How did you hear about MNHSWA?

Social Media: _____

Referral: _____

Other: _____

Membership Dues (Check One)

- \$40 Regular
- \$10 Student
- \$10 Retired/Unemployed

MNHSWA Chapter and State mailing will be sent to you at the address listed below.

Members Name: _____

Facility Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Members: Please make check payable to MNHSWA and send it with the application to your chapter treasurer.

Chapter Treasurer: Send a copy of this application and one half of the dues (State Portion) to the membership chair.

Note to facilities: The membership fee follows the social worker if they leave the facility and want to continue membership. MNHSWA board to review if membership can be transferred to a new social worker.