



**MICHIGAN ASSOCIATION OF SCHOOL SOCIAL WORKERS**  
(MASSW)  
**MEMBERSHIP FORM**

New

Renew

Name: \_\_\_\_\_ SW Permanent ID #: \_\_\_\_\_ Region: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ E mail: \_\_\_\_\_

H. Phone: (\_\_\_\_) \_\_\_\_\_ WK. Phone: (\_\_\_\_) \_\_\_\_\_ Years as SSW: \_\_\_\_\_

School District/Employer: \_\_\_\_\_ Title: \_\_\_\_\_

**Membership Dues, Fees & Contributions**

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> Full Active Member (SSW)                               | \$50.00 | _____ |
| <input type="checkbox"/> Affiliate Member ( <i>retiree, laid off</i> )          | \$25.00 | _____ |
| <input type="checkbox"/> Associate Member ( <i>SW not in a school setting</i> ) | \$50.00 | _____ |
| <input type="checkbox"/> Student ( <i>BSW or MSW Student</i> )                  | \$25.00 | _____ |

(Make Check Payable to **MASSW**)      **TOTAL DUE:** \_\_\_\_\_

Send Membership Form and Dues to:  
Susan McDaniel, MASSW Membership Chair  
PO Box 871217, Canton, MI 48187  
Questions? E-mail smcdanielssw@hotmail.com

<b>Office Use Only:</b>			
Initials: _____	Date Rec'd _____	Paid: _____	Check # _____
Expiration: _____			