

ALABAMA SOCIETY OF HEALTH CARE SOCIAL WORKERS

(Application effective January 1, 2012)

Date: _____ Region _____

Name: _____

Title: _____ Health Care Facility Name: _____

County (for purposes of placement in a region): _____

Primary Mailing Address: _____ Home _____ Work _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Fax #: _____

Home Phone (optional): _____ Cell Phone: _____

E-mail Address: _____

Membership Category:

_____ Full \$50.00 (or \$100.00 as part of conference registration): Licensed individuals who have full time employment in health care social work setting or who teach in a program approved by the Council of Social Work Education.

_____ Corporate \$40.00: Same as Full Member and when there are 5 or more people from the same corporation who join as members (membership should be mailed in together to receive this rate).

_____ Associate \$35.00: Individuals who are students in a program approved by the Council on Social Work Education; or licensed individuals who are unemployed or retired.

Education and Experience

College: _____ Highest Degree Earned: _____ Year: _____

Years in Current Position: _____ Years in Social Work: _____

Licensure

Alabama Social Work License Level: _____ License #: _____

Please return to:

Tammy C Dodson

2219 – 32nd Street

Northport, AL 35476

Phone: 205-330-6400 (If you use prior address, it will still get to me.)