

Membership Application Form

Name _____

Address _____
(Home) _____

Phone _____

School District _____

Title _____

Address _____
(Work) _____

Phone _____
(Work) _____

Email Address: _____

Would you like information sent to: Home Work

Is your position: Certified Classified

Membership Category

Full \$50.00 _____
*Includes the SSW Journal two times per year

Associate Student \$17.00 _____

Total Due: \$ _____

Make Checks Payable to KASSW and Mail to:

Ms Melinda McClung, Treasurer
864 Laurel Hill Rd
Lexington, KY 40504



KASSW...

*Supporting
school social
workers in
the quest for
student
success.*

An Invitation to
Membership